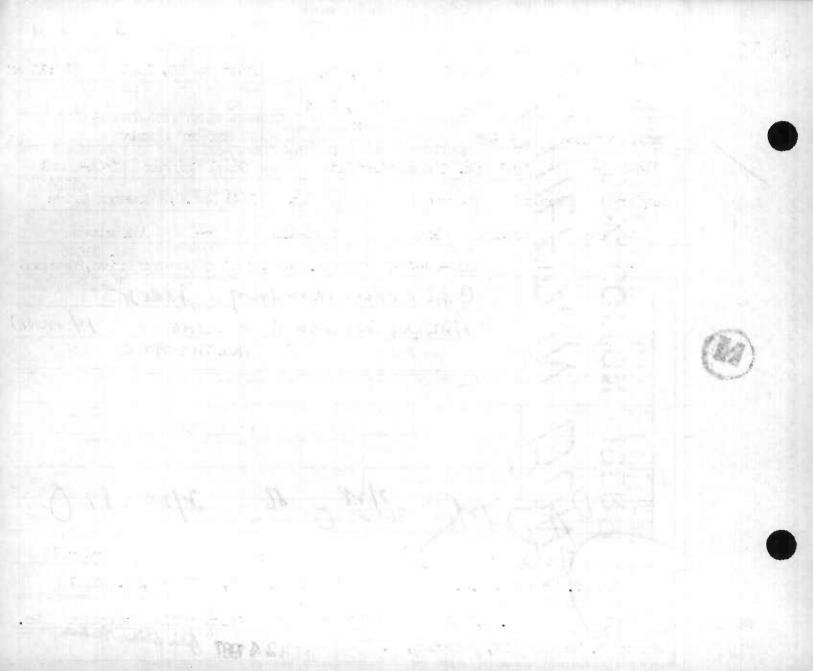
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(VRA 15, 4)

STATE OF MARYLAND



		FOR		DEPAR		E OF MARYLAND EALTH AND MENTAL HY	GIENE O Z	0 6	1 1
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one supplementation of the supplementation of	7- D	RTHPLACE (STATE OR FOREIG	WIS	WHAT COUNTR	July	6 1913	73	YRS.	11
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Wido		Street		chfactlity, give stri rier Nur		oad	Animal Hea		U.S.Gov
1 11/		AL RESIDENCE (IF NURSING HE			ORE ADMISSION)	1 13d INSIDE CITY LIMITS?	13e STREET ADDRESS		OIDIGOT
1 1500			arford	Stree		YES NO X	3547 Grier	Nursery R	oad/2115
も移るの	14. F/	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	AME		LAST
3 35050		Ross	W.	Barto		Mabel			mmill
p p p			S. ARMED FORCES?	16b SOCIAL SE		17 INFORMANT	ADDRE	Str	eet, MD
1 04 1		NO		190-12-		Margaret H.	Barton 3547		sery Roa
quires that the grant signed by the anti-collection please important to the found that to involve the foundation.	2	Conditions, if ony, whi gave rise to immedia couse (ol., stating t underlying couse lo	ch (b)	OR AS A CONSEC	DUENCE OF	14-07- LI NOT RELATED TO THE TER/	UNG WINAL DISEASE OR CON	DITION GIVEN IN PAR	R1 110
been rein I been ony in	CERTIFICATION	190/AMEROS PERMISO	010/4/	ITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FII IN CERTIFYING CAL	
The L	RTIF	DI ISOUTH			16 C	mich	YES NOW	YES 🗌	NO 🗌
physici physici mificote ol-tronsi fol Hygi		210. ACCIDENT WAS UNDERLYING CAUSE			DAY YEAR	21¢ HOW INJURY OCCUP	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PAR	1.51
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the the ced o	ME	WHILE NOT WHILE T		REET, FACTORY, OFFIC	E FARM, ETC)	STREET	CITY OR TO	WN COUNT	Y STATE
DING or o or o or o or o or o or o or o		22a I certify that (I) (this	hospital) attended th	ne deceased from	n		to		, that (I) (we)
pritely TTEN TOR for u of He		saw the deceased ali above, (I) (we) (did) (d				nd that in (my) (aur) opinion	death accurred on the de		
Nos hos hed hed hem		276 SIGNATURE	1	offer death.		DEGREE		22c. D	ATE SIGNED
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		URIAL, CREMATION, REMO		,		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
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DHMH - 16 60M 7/B4	1.5	NAME	7	ADDRESS			TE REC'D. BY REGISTRAR	Z30. KEGISTKAR'S SIG	NATURE
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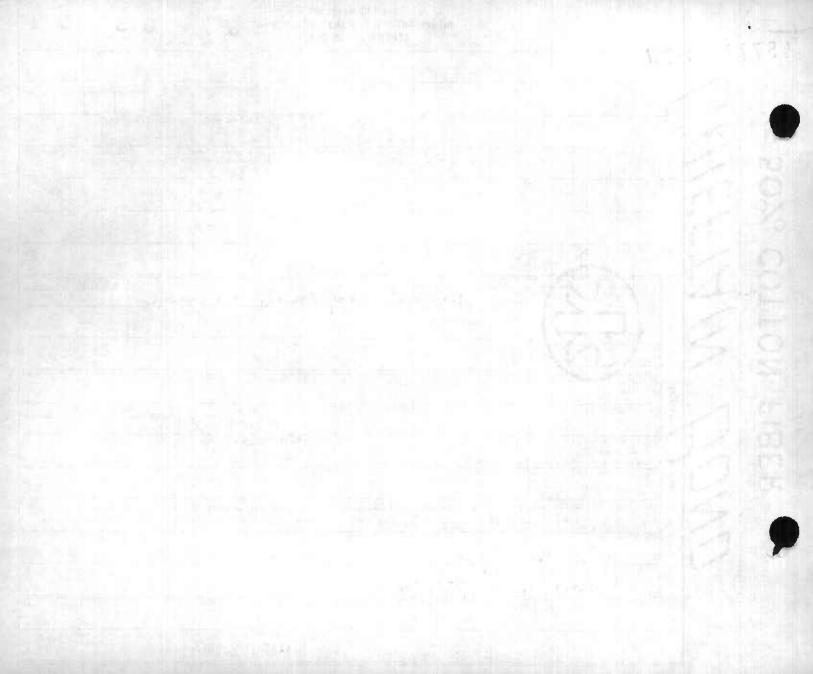
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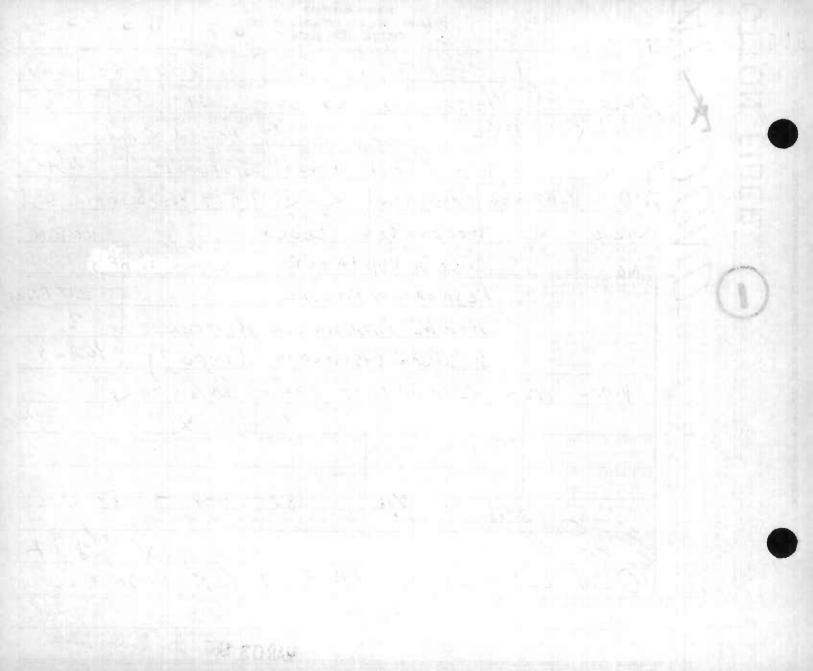
STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ı		REGISTRAR				CERTIF	ICATE OF DEATH	RE	G. NO.				
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1	3. SEX			4 RACE		S. DATE C		6. AGE (IN YEARS LA	ST BIRTHDAY	IF UNDE	DAYS	IF UNDER 24 HRS HOURS MIN.	
	/	Male		White			21, 1921 YEAR	65	Y	RS	DATS	HOURS MIN.	
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I		Maryland	- 14	U.S		WIDOWE	D DIVORCED			Coun		MD.	
1	10 CIT	TY OR TOWN OF DE	EATH		HOSPITAL, NURSIN		DR OTHER INSTITUTION	120 USUAL OCCL			KIND O	F BUSINESS OR	
1	1	Edgewood			d Bud Roa			Steel Wo	rker	A	rmco	Steel	
1	IJO. S	L RESIDENCE (F NUI	RSING HOME OF	OTHER INSTITUTION	136 CITY OR TOW	ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDR	ESS / ZIP C	CODE			
4		Maryland	Balt	imore	Arbutus		YES NO XX	5204 L	eeds A	venue	21	.227	
4	H FA	THER'S NAME FIRST		MIDDLE	LAST		15 MOTHER'S MAIDEN NA	AME	DLE		LAS	T.	
Q.	/	Alton		HAR HOLL	Blackbur		Charity				chwa		
ì		(AS DECEASED EVE		MED FORCES?	166 SOCIAL SECU		17 INFORMANT	611	DDRESS Whea	tland	Roa	d	
1		Yes	WW	II	219-07-2	709	Grace Black	burn Cato	nsvil	1e, M		21228	
I		18 CAUSE OF DEA	TH (Enter or	ly one cause per	line for (a), (b), and	110.10	1		,		APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH	
ı		PARTI. DEATH		E CAUSE (a)	advan	ced	was Cance	N chy	okomi	<u>_</u>			
				DUE TO, O	R AS A CONSEQUE	NCE OF			,	500			
ı		Canditions, if an		(b)_									
ı		gave rise to in couse (a), stat	ting the	DUE TO, OI	R AS A CONSEQUE	NCE OF							
ı		underlying caus	se last.	(c)									
	7	PART 2 OTHER SIC	GNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR	CONDITION	GIVEN IN	PART 1	0	
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4	FIG.	190 DATE OF OPER	ATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		INC	ERTIFYING	CAUSES	OF DEATH?	
-	RT	21g ACCIDENT WAS U	AIDEDIVATO F	7 21b. TIME O	E INTUINY		Tale HOW INTUING OCCUR	YES NO		YES [NO []	
1		OR CONTRIBUTING	- Lu		M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUP	KKED (ENTER NATURE C	F INJURY IN ITE	W 18 PART I OR	RPART 2)		
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1		22a I certify that (776/1	nd that in (my) (aur) apinian	death accurred as	ho data and	, 19		that (1) (we) lost	
ı		above, (I) (we)	(did) (did no	t) view the bady	ofter death.		DEGREE	dealli accorred an	ne date and			SIGNED	
١		220 SIGNATURE	V	Sol	1.	-	ATTENDING	MEDICAL_	STAFF	30	ZC. DATE	SIGNED	
4		22d PHYSICIAN'S N	JAAAE 1940E	0.000) Wi	2	Tag ADDRESS	DIRECTOR PI	YSICIAN [
ı		1/-		11 =	-DOTTE S		S	uite 205					
4	22 6		CAC	14.	Trick	2	120 Sister			owson,	, MD	. 21204	
		URIAL, CREMATION	, REMOVAL				EMETERY OR CREMATORY	CITY OR TO	VN	COUN		STATE	
	24 511	Burial	-	3/2/87	Lo	rrair	ne Park	Woodl:	DADISC DE	CISTRADIC	Ma	ryland	
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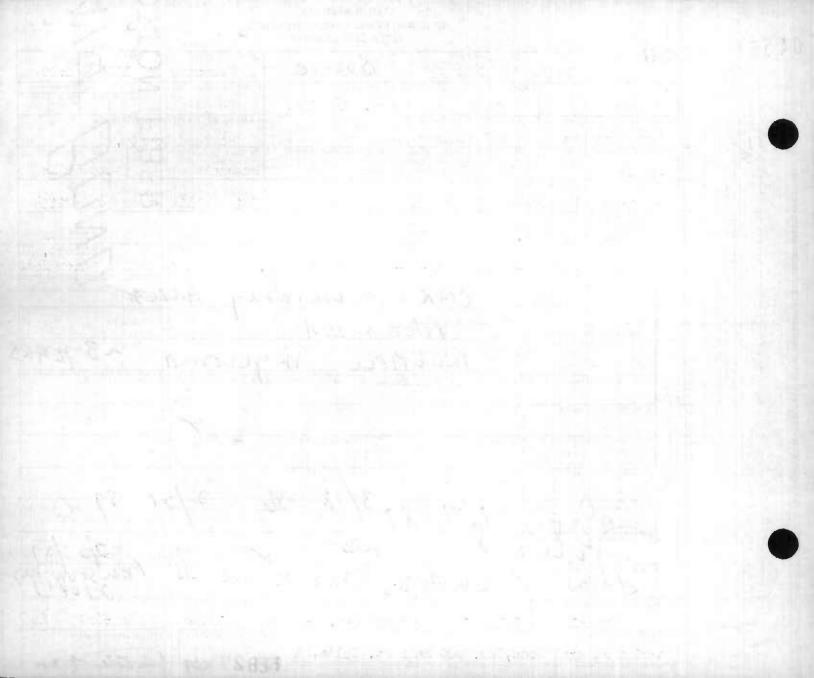
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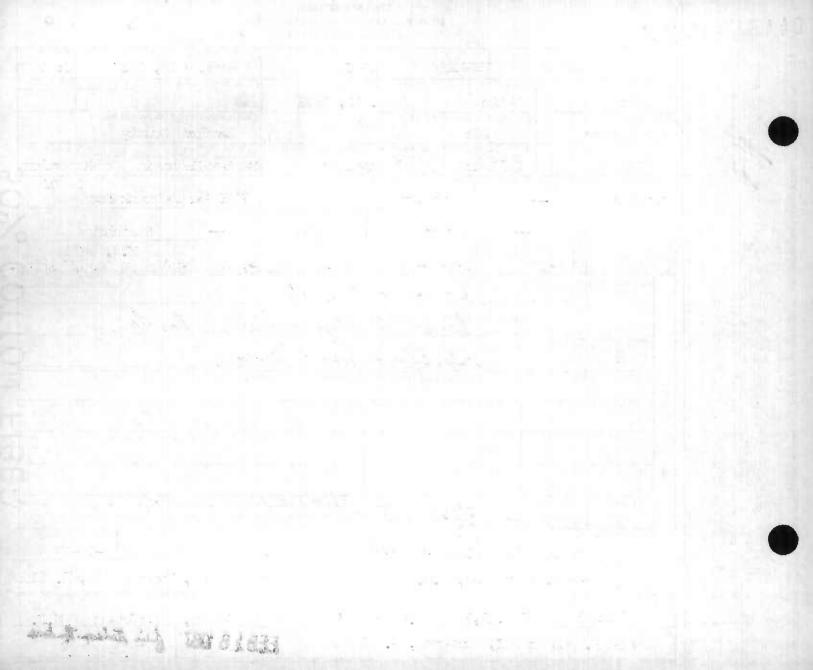


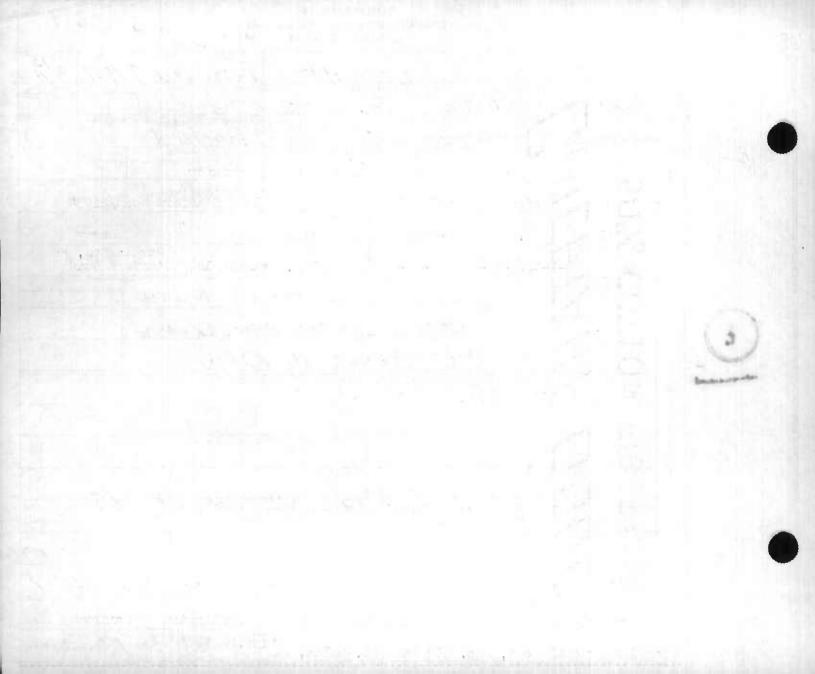


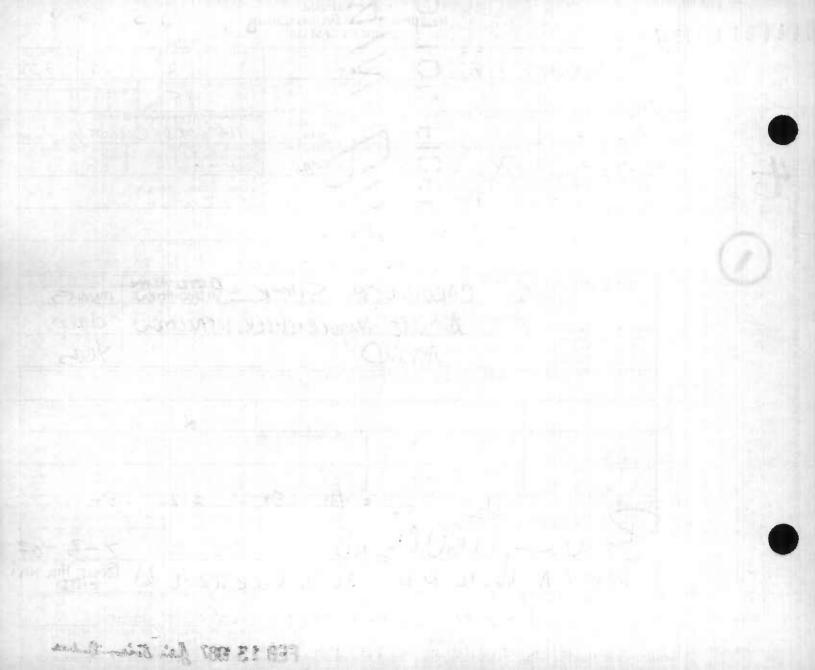
DEPARTMENT OF HEALTH AND MENTAL HYGENE 1 STATISTICAL					STATE OF MARTLAND		the same of
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MARRED NAVER MARRED	Y	2 567	MALE	CAUC.		6 AGE IN YEARS LAST BIRTHDA	MONTHS DAYS HOURS MIN.
THE CITY OF TOWN OF PEATH III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION III. RESIDENCE IN MANAGEMENT OF STREET AND ALL STREET AN	82	Ne Bil	OUNTR STATE OF FOREIGN 7	CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR CO	OUNTY OF DEATH
INDUSTRY STATE INDUSTRY I	D	10 C	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL NURSIN		120 USUAL OCCUPATION	
The STATE 134 COUNTY HAPPEN 134 CITY OR TOWN 135 CITY OR TOWN 135 STREET ADDRESS 72 PCODE ASSETS AND THE STATE AND	20	FO	PEST Hills	3367 GRIER	NURSERY Rd	TYPE OF WELL OF WO	PRKING LIFE) INDUSTRY
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18 WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 33 CATGRIGE MR. GERARD BORKOWS IN THE PROPERTY OF THE	3	14 FA	THER'S NAME	UND			A THANKY TO
18 CAUSE OF DEATH LENIEs only one couse per line for 10), (b), and 100	30	1	DSEPH "	BORKOWSKI	CATHERI	KE	TAWLAK
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse is to immediate DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I to PART 2 OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I to PART 2 OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I to PART 2 OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I to PART 2 OTHER SIGNIFICANT CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I to PART 2 OTHER SIGNIFICANT CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I to PART 2 OTHER SIGNIFICANT CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I to PART 2 OTHER SIGNIFICANT CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I to PART 2 OTHER SIGNIFICANT CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I to PART 2 OTHER SIGNIFICANT CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I to PART 2 OTHER SIGNIFICANT CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I to PART 2 OTHER S		16a V			RITY NO. 17 INFORMANT	ROOV NO LEK	3367GRIGE
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIO PULMONARY ARREST DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove rise to immediate couse (a), storing the underlying couse (as). DUE TO, OR AS A CONSEQUENCE OF (b) ATHEROSCIE ROTIC CARDIO VAIS CALAR YRS DUE TO, OR AS A CONSEQUENCE OF (c) DIAGRET S. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO 190 DATE OF OPERATION 190 CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO 210 AUTOPSY? 210 AUT			18 CAUSE OF DEATH (Enter only	one cause per line for (a), (b), and	III. GERAL) YUKKUWII)	APPROXIMATE INTERVAL
DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse fair, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO THE			PART I. DEATH WAS CAUSED	CAUSE (a) CARDIO	PULMONARY	ARREST	
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OR CONTRIBUTING CAUSE OF DEATH (I) (IF EITHER NOTE Y MEDICAL EXAMINER) 21d INJURY OCCURRED 21d PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, EARM, ETC.) 22d I certify that (I) (this hoppid) attended the deceased from	10.76	-	PART 2 OTHER SIGNIFICANT CO	107			ON GIVEN IN PART I to
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTICE MEDICAL EXAMINER) P. M. 19 21d IN JURY OCCURRED WHITE NOT WHITE AT WORK ALL WORK 220 I Certify that (1) (this beauthal) attended the deceased from 19 may and that in (my) (work apinion death accurred an the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 220 I SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN STATE 221 PHYSICIAN'S NAME (TYPE OR PRINT) 222 ADDRESS 231 BURIAL, CREMATION, REMOVAL 235 DATE 236 NAME OF CEMETERY OR CREMATORY 236 DATE REC'D BY REGISTRARIZS MEGISTRARIS SIGNATURE 236 DATE REC'D BY REGISTRARIS SIGNATURE 236 DATE REC'D BY REGISTRARIS SIGNATURE		TION			ODERATION WAS DEPLOYED.	Les AUXORSY2 Les	A TE VES WERE CHIDINGS USED
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STATE OF MARYLAND







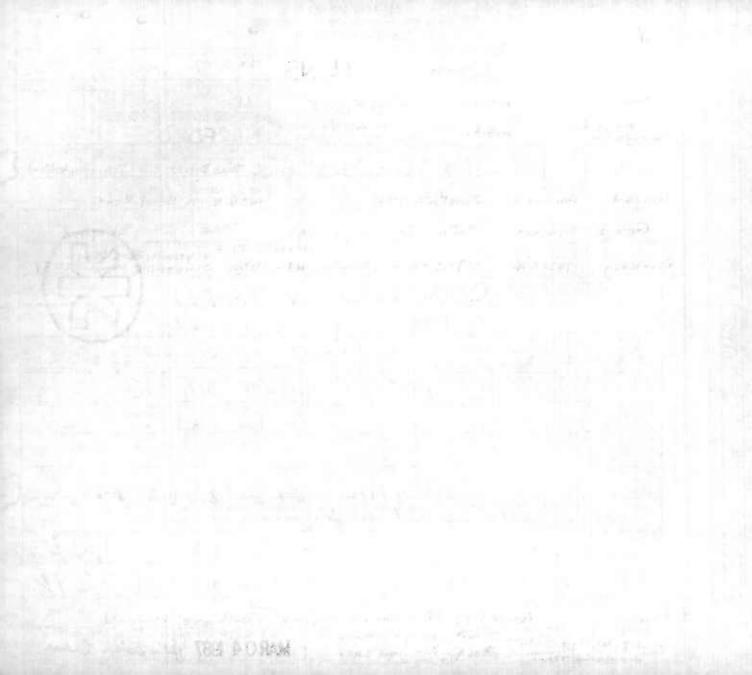


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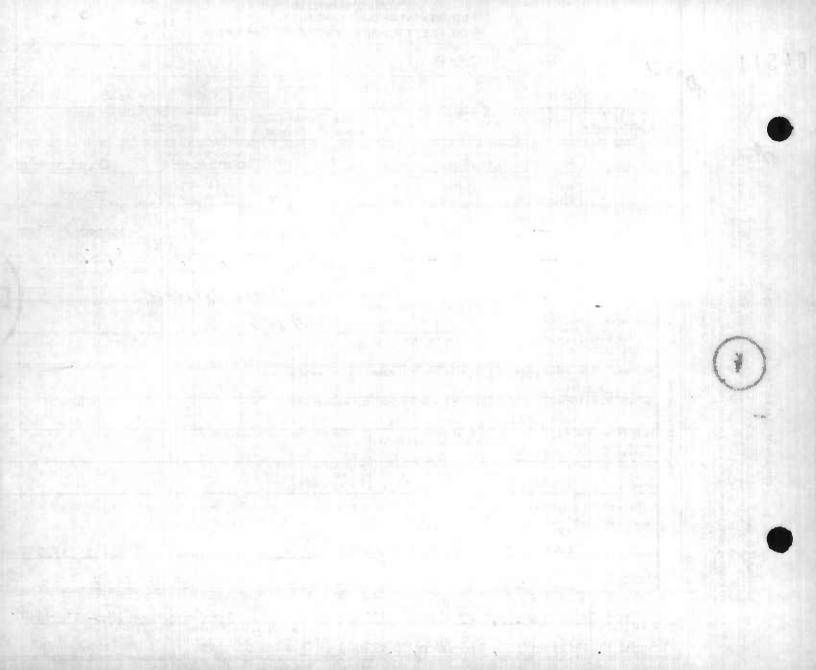
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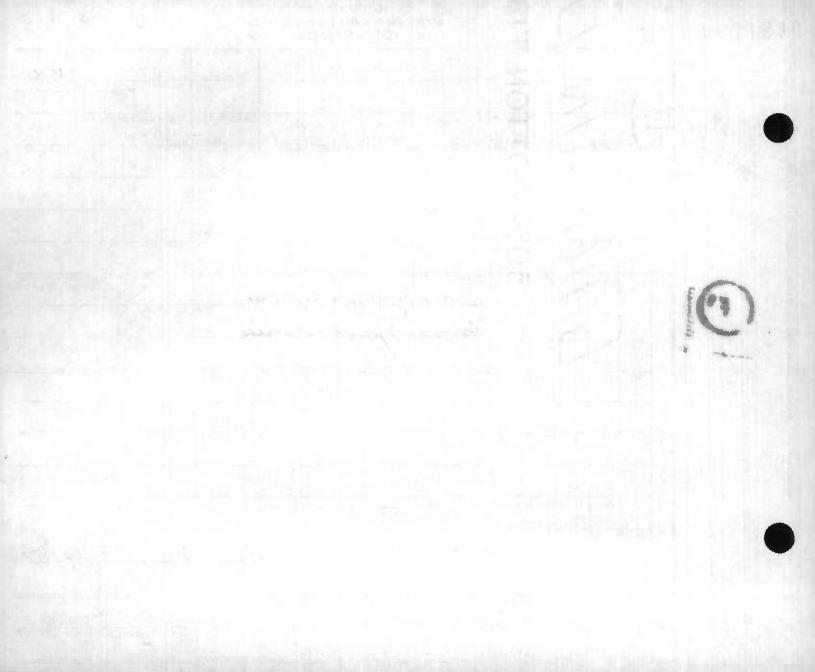
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE KNOWNXXX MONTH Zb HOUR DAY TYPE OR PRINTI OF ESTI-1987 Alfred Colton Raymond 10 ам 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DAY 2d HOUR 2c. DATE MONTH LAST BIRTHDAYS PRONOUNCED 1.87 Male White 10 DEAD 53 YRS To. BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pennsylvania Harford USA X WIDOWED [DIVORCED IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS HE NOT IN SUCH FACILITY GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) Construction Accountant Fallston Fallston General USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 21040 NO V Harford 631 Pier Dr Edgewood 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST AMPEDIA. XXXXXX Miller William Colton Henrietta 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 7. INFORMANT Greensburg, Pa. (YES, NO OR UNKNOWN) William Miller, RD7, Box 256A, Rt. 30 162-24-9278 no APPROXIMATE INTERVAL BETWEEN ONSE! AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY ORONAM IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF ASUVn Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [] NO [716 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21L LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN Inspection XX 22a I certily that I took charge of the remains described above, held an Autopsy Inquiry TO MEU.
EXECUTE THE CEN.
EXECUTE THE CEN.
TO FUNERAL DRECTO
AFTER DEATH, WITHTHE death resulted fram: Natural causes X Hamicide Undetermined manner TITLE (SPECIFY) SIGNED 2/23/87 Deputy EXAMINER'S NAME Luis E. Renjel, MD 464 Alliance St. Havre De Grace, MD (TYPE OR PRINT) 236 BURIAL CREMATION REMOVAL 236 DATE 23r. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Round Hill Cemetery Elizabeth Township-Allegheny 07/84 25M 24 FUNERAL DIRECTOR **DHMH** - 17 (VR A15 ME (5)) Howard K. McComas III, Abingdon, Md. 21009



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH DECEASED NAME MONTH 2b HOUR TYPE OR PRINTS Charlette Dorothy Campbell February 18 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX 5. DATE OF BIRTH MONTH Female Caucasian Sept. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED MINEVER MARRIED COUNTRY Harford Maryland WIDOWED DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife Rock orest Spring Home 21050 136 COUNTY 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Harford Rock orest arvland NO X 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE FIRST Charles Tyrrill Sine Hildebrand Dorothy ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO James A. Campbell same as above 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE ID DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS CERTIFICATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NON YES [210 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTHEY MEDICAL EXAMINER P.M. 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY STATE CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 220 I certify that (I) (this haspital) attended the deceased from_ sow the deceased alive on obove, (I) (Ne) (did) (did not) view the body and that in (my) (our) opinion death occurred on the date and have and from the causes stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF ild be deto PHYSICIAN & DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINT 22e ADDRESS 0 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b. DATE Buria. 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Jarrettsville, Md. Gladden Kurtz (VRA 15, 4)

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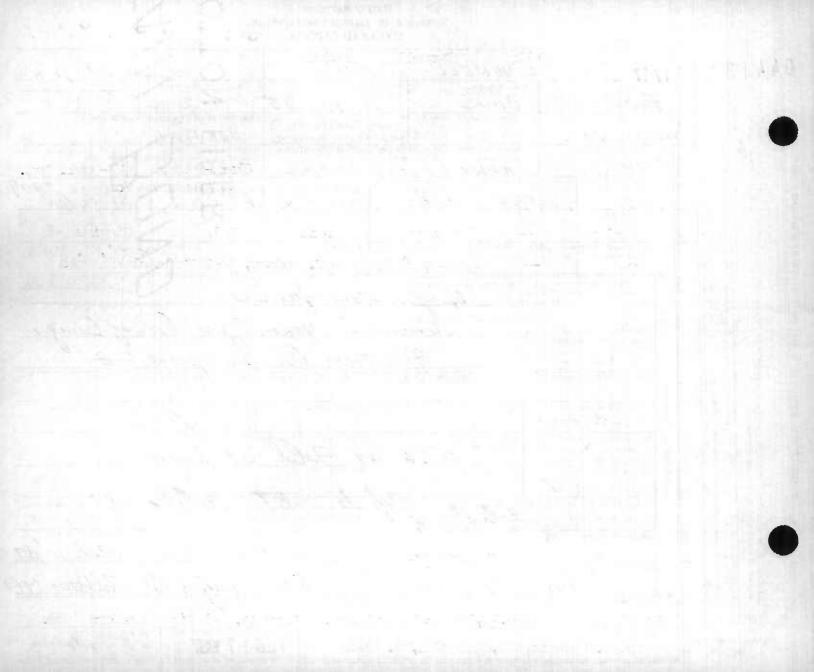
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		vre de Grac		(IF NOT IN SU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET eek Road	IG HOME (or other institution	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Executive		INDUSTRY	BUSINESS OR ing Co.
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4 27	14. F/	ATHER'S NAME	151	NDDLE			15 MOTHER'S MAIDEN NA	ME			
A day of		William	_	mes	Connell	ee	Elsie	Susan		Green	n
licol de co		VAS DECEASED EVER IN		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The contraction that the decition is to be executed within 24 house the right on and completely filled in by as the buriol-from permit. Then because the contraction is Pages 1 and 2 should be fit in and Mental Hyging that the second of the major contraction is the medical examiner must be fit or when decided and the major contraction.	CERTIFICATION	19a DATE OF OPERATION	13.	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYII YES	WERE FINDING NG CAUSES (GS USED OF DEATH?
OF VIT		210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL	JSE OF DEAT			AY YEAR	21¢ HOW INJURY OCCURI	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	1 OR PART 2)	
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Aft Aft mor	160	220.1 certify that (I) (t	his hospita	ol) attended ti	ne deceased from_		19	to	. 19	11	not (f) (we) lost
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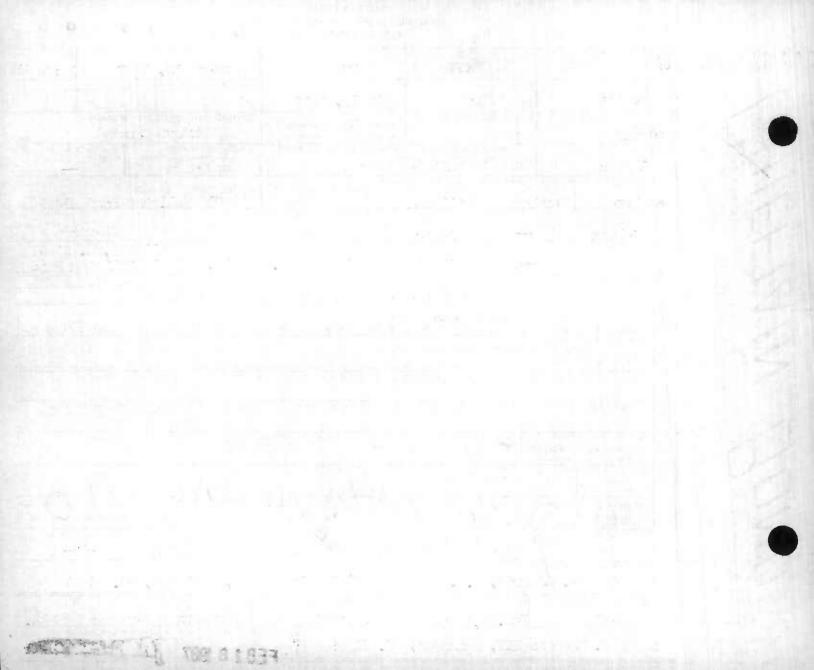
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TOR TOR For u		saw the deceased olive above (1) we) (did) (did	on Feb	13 19	7.7 on	d that in my (aur) apinia	n death accurred on the	date and have and	d from the causes st	tated
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(VRA 15, 4)	Tar	ring Funeral	Home, PA,	Aberdeen,	MD, 210	001-3399				

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ST.	ng p rbong r rem		IMMEDIA	ATE CAUSE (0)	- Joen C	M/-/_C		
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RECORDS	been mit. If	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	VHICH OPERATION WAS PE	RFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED
AL REC	2 . 8 . 9 . 8	TIFIC						TIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \(\bigcap \)
VITA	ysicion ysicion icote h ronsit p Hygier 18 short	CER	216. ACCIDENT WAS UNDERLYING	LIQUID A MA MONIT	H DAY YEAR 21c. HOV	V INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 1	3 PART 1 OR PART 2)
DIVISION OF VIT	ding ph ding ph is certif burial-th Mental	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN	ER) P.M.	19			
ISIO	PHY frending the burner and M	MED	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY,	OFFICE, FARM ETC)	TREET	CITY OR TOWN	COUNTY STATE
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	or us or us or us or us or us		saw the deceased alive a	1 / -/		my) (aur) apinian d	eath occurred on the date and h	
	OR AI e hasp DIREC ached f Dept. of Item		77) LIGNATURE	A A	DEGREE		August cries	211 DATE SIGNED
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	TO HOSPITAL I retained by the TO FUNERAL I should be deto with the State I IMPORTANT: IF		THE PHYSICIAN'S NAME (TYPE	ORPRINTI	22e ADD	COA d	Grace M	1 20078
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		24 F	JNERAL DIRECTOR	16 11 01	UNACL CEL	250 DATE	REC'D. BY REGISTRAR 256 REG	ISTRAR'S SIGNATURE
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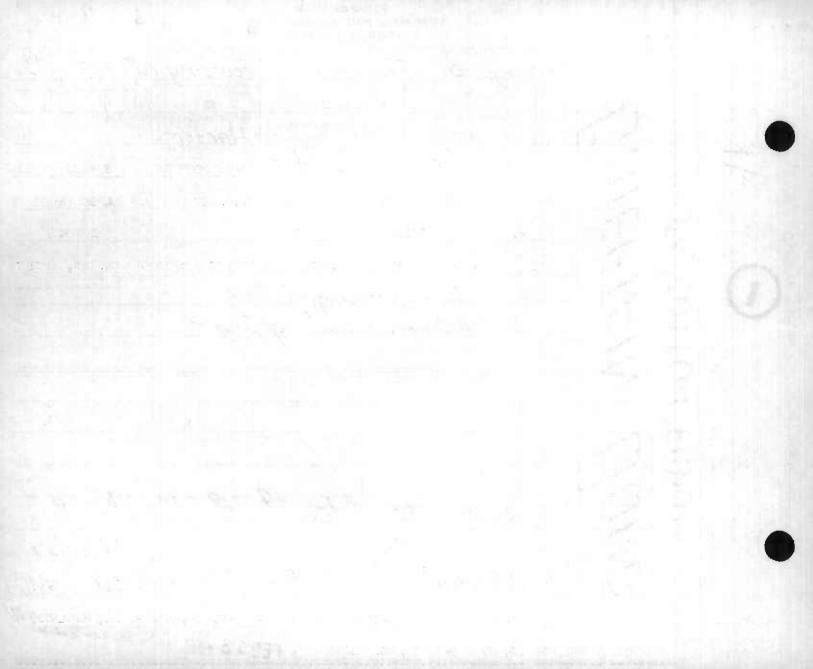
MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD.

(VRA 15, 4)

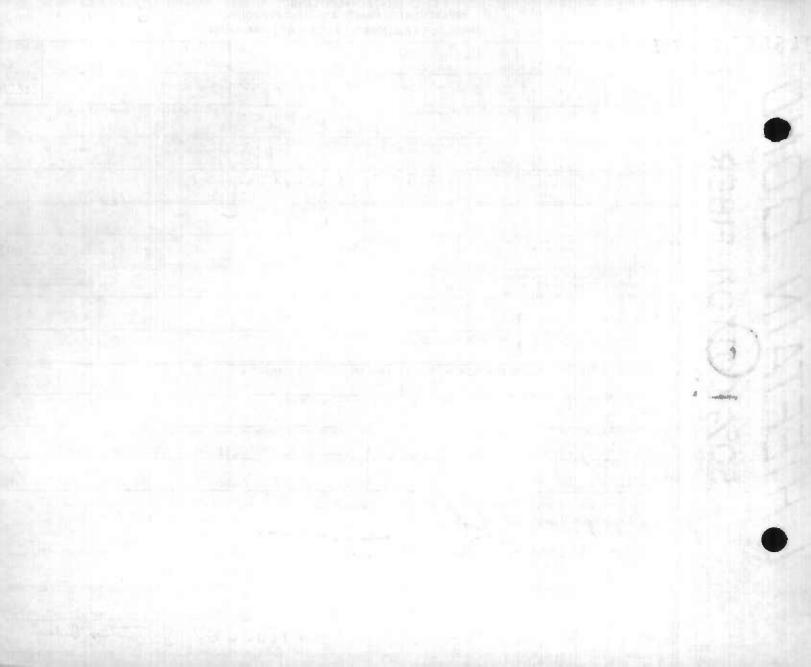
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de o	1 68	-	/	WALTER		F.	-	FORWOOO	BENNI	[TA	ADDRESS	CHARSH	EE
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hos been t permit. T	ene prior	1	CERTIFICATION	190 DATE OF OPERAT	10N	196 COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED		IN CERTII	S, WERE FINDINGS FYING CAUSES OF	USED DEATH?
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r this ce	and Mentol	7	MEDICAL	21d INJURY OCCURR	ED	21e. PLACE	OF INJURY	FFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
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At DIRECT	ote Dept IT. If Iten			276. SIGNATORE	ilu	eiste	in	MI	DEGREE ATTEND PHYSIC	ING ING	MEDICAL STAFF	2/10/	187
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	, , ≤			URIAL, CREMATION,	REMOVAL	23b. DATE		23c NAME OF C	EMETERY OR CREMA	TORY	23d LOCATION CITY OR TOWN	COUNTY	STATE, M
3P			24.51	BURIAL		12FEBR	UARY87	BEL AIR	MEMORIAL GAI		BEL AIR, HARFORD		-
HMH - 16 6		84		INERAL DIRECTOR	01 1204		ADD A		And the second	DATER	EC'D. BY REGISTRAR 256. REGIST	KARY ARENATURE	
(VRA 15	5, 4)		M.	TCHELL FUNER	AL HUME	. PA, HAV	KE de Gi	TALL, MU.	21078	FLD	W 0 1001		

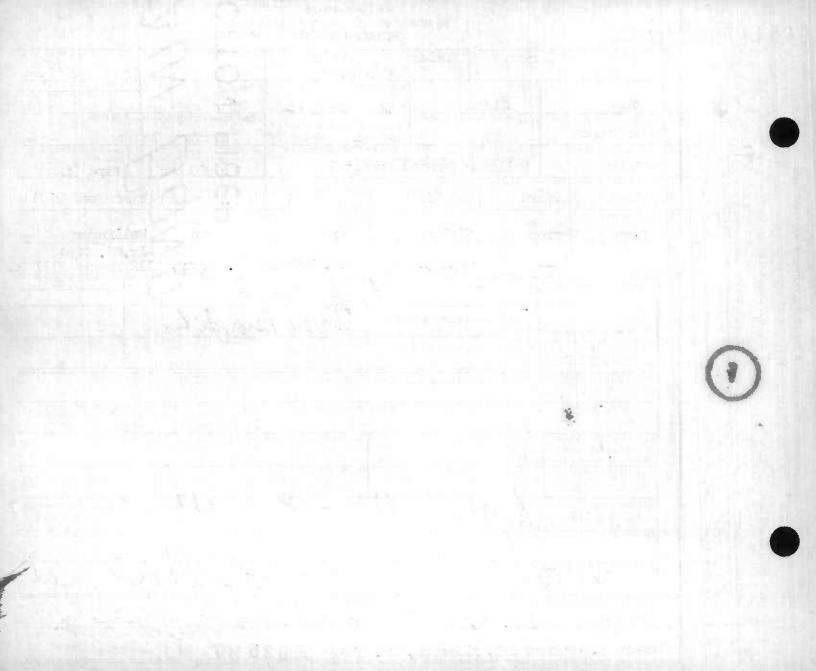


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OPDEATH REGISTRAR REG. NO 70. DATE KNOWN DECEASED NAME MONTH YEAR 26. HOUR (TYPE OR PRINT) ESTI-DEATH MATED N 72 HOURS TON STREET, Fulp 19 87 David Joseph ARY, PLEAS L DIRECTOR YOUR FILES 4 RACE AGE (IN YEARS | IF UNDER 1 YR MONTH DAY 5. DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE MONTH LAST BIRTHDAY) PRONOUNCED 4:12A DEAD 30,1964 Male 22 YRS 19 87 White Mav 70 BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED X FOREIGN COUNTRY WIDOWED T DIVORCED Maryland Harford County. O CITY OF TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS LIE NOT IN SUCH FACILITY GIVE STREET ADDRESS) OR INDUSTRY Havre de Grace 40 & Lewis Lane Surveyor Private UAL RESIDENCE (16 IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION) 13e STATE 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Harford YES NO [912 Eugene Drive/21078 Havre de Grace 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE , LAST MIDDLE LAST Francis Fulp David Sandra Margaret Johnson 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIÁL SECURITY NO (YES, NO, OR UNKNOWN) I HE YES GIVE WAR OR DATES! Aberdeen Maryland21001 1523 Meadowcrest Ct. 219-72-8956 Sandra M. Vuncannon, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. 20 RECORDS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DIVISION OF VITAL YES X NO [] 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING DOR Driver in auto/tractor trailer impact 17 10 87 CONTRIBUTING TICAUSE OF DEATH B: 50 XX 21e PLACE OF INJURY (AT HOME III LOCATION AGE 4 SHOULD BE FORWARDER
O FUNERAL DIRECTOR: PAGE 3,
FTER DEATH, WITH THE STATE DE
ALTIMORE, MARYLAND, 21201 P. STREET, FACTORY, FARM, ETC.) AT WORK NOT WHILE Rt. 40 Y Lewis Lane, Havre de Grace, Harford, MI road X 27a. I certify that I took charge of the remains disturibed above, held on Autopsy Inspection and in my opinion death resulted Lam Undetermined manner Natural causes Homicide 2/27/87 Assistant EXAMINER'S NAME Dennis F. Smyth, M.D. ADDRES 111 Penn St. Balto, MD. (TYPE OR PRINT) AFT BA 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 238 LOCATION Burial 2-20-87 Harford Memorial Gdns Aberdeen Harford Maryland 07-84 BP. 24 FUNERAL DIRECTOR DHMH 17 Tarring Funeral Home, PA. Aberdeen, MD, 21001-3399 (VR A15 ME (5))



Water to Enterna (Circus) Harton Hancount testinal

) 4 5	II7 FEB:		FOR -STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	0 /	() 5 EG. NO.	1 /	3
			CE ASED NAME	FIRST War	ren	MIDDIE Luther	- 1	AST Givler	20 DATE OF DE	ATH MONTH	DAY YEAR 2	HOUR
	ay be	(179)	ORPRINT) Warre			L,	611		1000	2	23 87 :	515 pm
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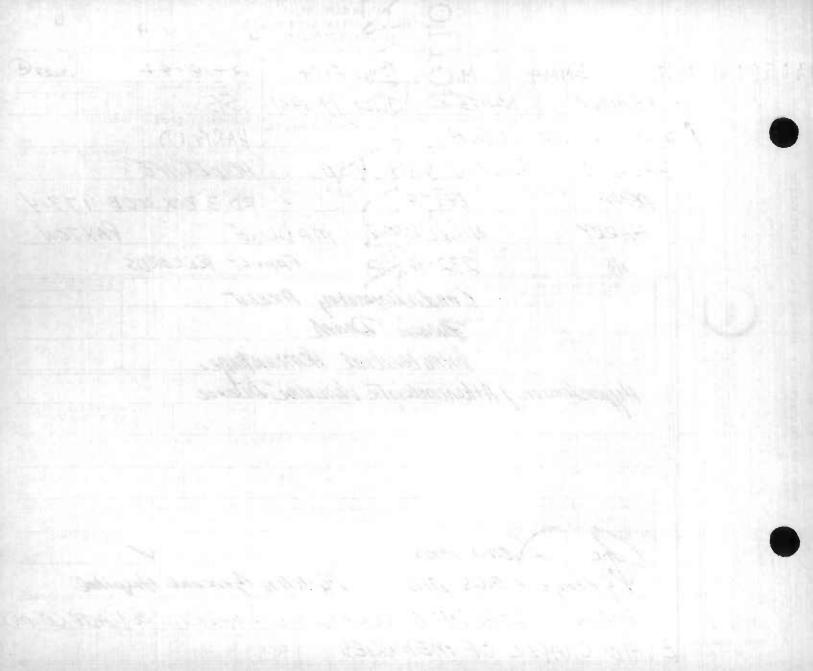
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LE EXAMINER: 1 # CERTIFICATE, DOULD BE FORWA AL DIRECTOR: P HI, WITH THE ST E. MARYLAND, J	1		fy that I took charge at			Autop:	Homicide TITLE (SPECIFY)	Undeterm	Inquiry ,	and in my i	apinion
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH L'DECEASED NAME MONTH 26 HOUR (TYPE OF PRINT) GROVER CLEVELAND 4. RACE 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH 1888 YRS TO BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Harford Cousty WIDOWED DIVORCED [IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY UALESCENI TRANSPORTATION EXEC, TRANSPORTAT BEL MIR MD 21014 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME PLLEN PIERCE 17 INFORMAND QUINNESS BEL AIR. NO. 21014 216-01-1656 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF MRTERIOSLE-ROFUS AJUANCED Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 O CERTIFICATI 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20s AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES T 21a. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 71d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY (AT HOME STREET FACTORY, OFFICE FARM, ETC.) CITY OR TOWN STATE STREET WHILE NOT WHILE 22a I certify that (I) (this haspital) attended the deceased from saw the deceased alive on_ and that in (my) (quer) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not friew the bady after death 22b. SIGNATUR DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINT) MPORTAN ld b 230 BURIAL CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE (SPECIFY BEL Air Memorial GANGERS BP BuriM FEb. 18, 1987 BET Air, Harrord Con Manyloy 21014 50W. Broadway & Williams St, JOSEPH William Toster RIZSUREGISTRAR'S SUSTINATURE DHMH - 16 60M 7/B4 BEI Ar Maryland 21014 multivelli frote (VRA 15. 4)

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	1			STATE OF MARYLAND		
	11.	FOR - STATE	DEPARTM	ENT OF HEALTH AND MENTAL HY	GIENE O	/ 0
	1	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	I. DE	CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
4 546 REFER IS	3 87	EMMA	. M	C-PIFFITH	2-18-87	0227 4
6 85	1.58		RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
4 05	}	FEMALE	WHITE	TONIH Y 0/9 1021	55	MONTHS DAYS HOURS MIN.
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i chi	W	HEELING, W. VA.	4.5. A.	WIDOWED DIVORCED	HAKFOKD	MD.
1 11 01	17.0	ITY OR TOWN OF DEATH	I. NAME OF HOSPITAL, NURSING	O HOME OR OTHER INSTITUTION	124. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR
6 69/20	11	ALLSTON /	GALLSTON (FE	1/050	HOUSEWIFE	
1 5500	USU	AL RESIDENCE (IF NURSING NOME OF OT	THER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION) 13d. INSIDE CITY LIMITS?	In STREET ADDRESS / 710 COL	4471
1 11/16	1	AFNN.	DELTA	YES [] NO [P]	RD 3 BOX 30	DOB 117314
1 17 10	1,6 E	ATHER'S NAME		15. MOTHER'S MAIDEN NA		02 1 1 2 1
1 45 1	Y	HADDY ME	DOLE ALICUED	SOM MERST	13/15 MIDDLE	POSTON
1 0- /3/	4	WAS DECEASED EVER IN U.S. ARMI	ED FORCES? 16h SOCIAL SECUE	RITY NO. 17. INFORMANT	ADDRESS	INXION
7 75 9		YES, NO OR UNKNOWN) (IF YES, GIVE Y	VAR OR DATES)			10
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1 2425		18 CAUSE OF DEATH (Enter only	ane cause per line for (a), (b), and	(CC)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1/ 10/1		PART I. DEATH WAS CAUSED IMMEDIATE	1 10-11 10 11	Resentell Fre.	REST	
		IN THE STATE OF TH				
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4 4 2 2		gave rise to immediate	(b) 4 // C 4//	0 2 - 11/2		
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1 1100			(c)	reconact minus	rejuises	
1 546 5	z	PART 2 OTHER SIGNIFICANT CO	NOTIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	11.4.	NEN IN PART 1101
1 150	CERTIFICATION	Hypertenses	1 HTTOGOCICE	ANIC VINCUIAN	userse	
1 1111	2	1% DAY OF OPERATION	AL CONDITION FOR WHICH I	OPERATION WAS PERFORMED		ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
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15 To 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
Strong a	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION		
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Cokesbury U.M.Cemetery

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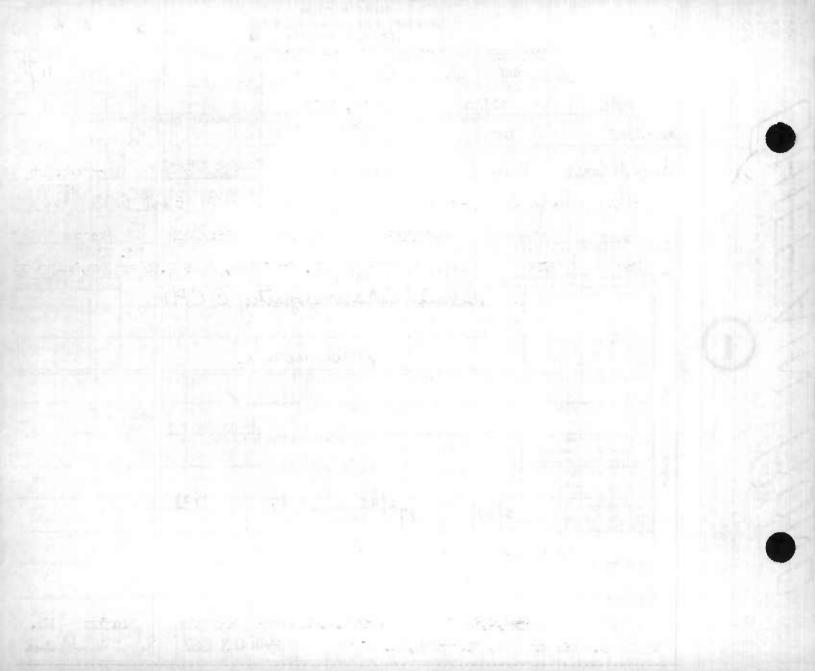
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Burial

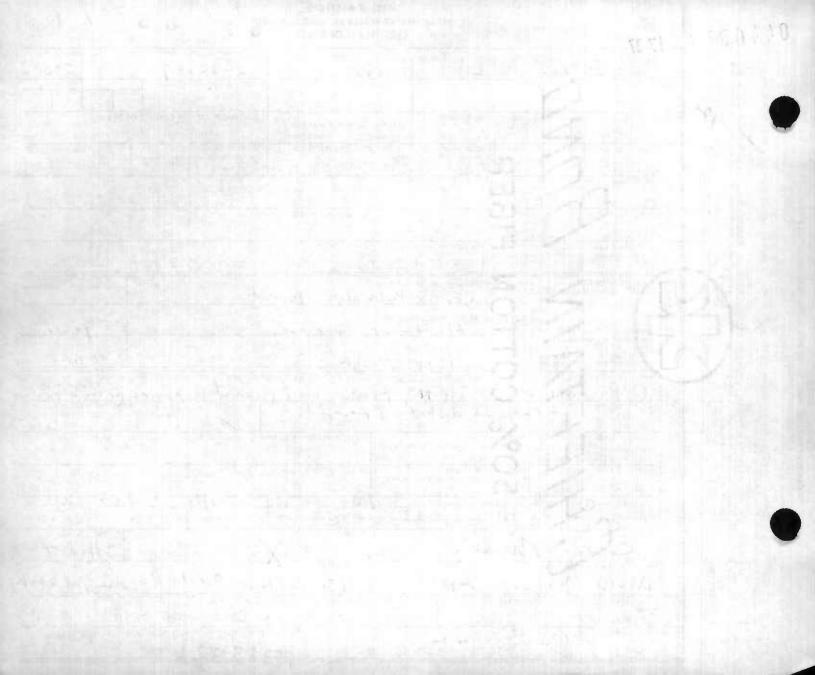
Howard K. McComas III, Abingdon, Md. 21009

24 FUNERAL DIRECTOR

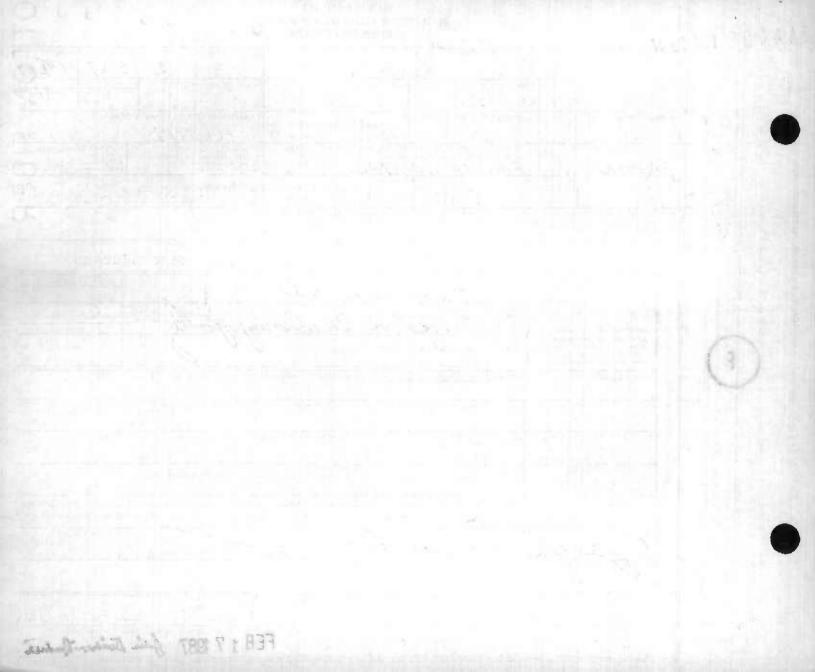


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OR nd		YES, NO OR UNKNOWN)	IN U.S. ARM	WAR OR DATES)	100 SOCIA	L SECURITY								
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212 NG PHYSICIAN. The law requires that the continute be executed within 24 hour or attending physician. The this certificate has been signed by the continue of completely filled in as the burnol-transit permit. Then please in the continuers. Pages 1 and 2 should be than and Mental Hygiene prior to burnol, greater many. or ked or them is thank any injury, or other transmitnered, the medical exemper maybe		Yes	WWI.	1	1500	-18-90	256	Evely	yn M. Gui	n,Same	As Abo	ve		
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TEN Itel		saw the decease	ed alive on_			19	, one	d that in (my) (our) opinion	death occurre	d on the date			
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9 H	7a. E	IRTHPLACE (STATE OR FOR	REIGN	16 CITIZEN OF	WHAT COUN	ITRY? 8.	RIED NEVER	MARRIED -	9 BALTIMORE	CITY OR COUN	NTY OF DEATH	
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co to	160	WAS DECEASED EVER IN			166 SOCIAL	SECURITY NO		_		ADDRESS		
F00 0		(YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	212-	18-71	22A D	orothy	Heise	same	address	
ate b	F	II CAUSE OF DEATH	Enter an	ly ane cause per	line for (a), (b), and ye'll	- /	1			APPROXIM/ BETWEEN ON	ATE INTERVAL
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	/30 E	BURIAL, CREMATION, R	EMOVAL	236 DATE			EMETERY OR CREMAT		23d LOCATION CITY OF TOWN		COUNTY	STATE
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(VRA 15, 4)	C	onnellyFu	inera	alHome	300Mac	eAve.	21221		20 - 0 19	d1 a	- Elena	ass. Kongress



	1.	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	5 1 8 2
CO StaFEB 2		CEASED NAME FIRST FOR PRINT) FOUNT	and Euge	5. DATE OF BIRTH	20 DATE OF DEATH MON	25 87 342
A director	7a. B	Male RTHPLACE (STATE OR FOREIGN	White 76 CITIZEN OF WHAT COUNTRY?	July 28,1899 8 MARRIED NEVER MARRIED	87 9 BALTIMORE CITY OR CO	YRS
15	Ba.	timore City ITY OR TOWN OF DEATH	U.S.A. 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	WIDOWED DIVORCED DIVORCED DIVORCED	Harford 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK farmer/landso	MD. 126 KIND OF BUSINESS OR INDUSTRY Caping Self-Employ
and be a point	13a. :	Maryland Bal	OTHER INSTITUTION GIVE RESIDENCE BEFORE ITY 130 CITY OR TOW L'IMORE Hydes	YN 13d. INSIDE CITY LIMITS? YES NO X	13e.STREET ADDRESS / ZIP 6909 Lewis F	
d completely	F 160 \	dward F vas deceased ever in u.s. ar/		15. MOTHER'S MAIDEN NA. FIRST Ella IRITY NO. 17. INFORMANT	J. 3700 ECK ADDRES RI	Roetin O.Box 45
cote be ex hysicion on opers. Pog ovol:		10	ly one couse per line for (a), (b), on	7436A Maurice Melv	in Lewis, Hyde	es, Md. 21082 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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requires 11 or t	NO	No. of the last	1ava	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIC	DN GIVEN IN PART 110
The low ton. I have be has be at permit permit be prices prices being the prices being the prices of the prices o	CERTIFICA	19a DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO	LIF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
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ING PHY Toffend After this os the bi Ith and A	WED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (ATHOME STREET FACTORY, OFFICE, F	ARM. ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
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TO HOSPITAL TO FUNERAL should be deterwith the State IMPORTANT. I		22d. PHYSICIAN'S NAME	IAR	220 ADDRESS 112		Load Fallsh
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DHMH - 16 60M 7/B4 (VRA 15, 4)		uneral director .F.Lassahn,11750	DBelairRd.Kingsv	ille,Md.21087	DESO RESORAR 25%	REGISTRAR'S SIGNATURE

45053 FEB 2	STATE OF MARYLAND POR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR STATE CERTIFICATE OF DEATH REG. NO.	. = 8
. 04	1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 2 (1YPE OF PRINT)	Th HOUR 38
and to	Harvey C. Lewis 1 +16 13 1987	10 p M
4 44	MONTH DAY YEAR MONTHS DAYS T	HOURS MIN.
200	Hale White August 5 1912 74 YRS.	
A 11 82	BIRTHPLACE (STATE OR FOREIGN 76, CITIZEN OF WHAT COUNTRY? 8. MARRIED MEYER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH	
1 11-62	Virginia United States WIDOWED DNORCED Variord	MD.
# W 60 6	Have de Grace Harbord Hetherial Hosp Laborer Laborer	BUSINESS OR
110 mg 25	JUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 110. STATE 1136. COUNTY, 1136. STATE 1136. STATE 1136. STREET ADDRESS / ZIP CODE 1136. STREET ADDRESS / ZIP CODE 1136. STATE 1136. STREET ADDRESS / ZIP CODE	21034
1 12 10	FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE LAST	
1 11/64	Nathan Lewis Fronie Osbor	n
MORE.	166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Darlington, 1958 Sing WAR OR DATES. Very 12/30/41-11/7/45 236-09-8451 Virginia I. Lewis 4313 Conowingo R	MD
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	gave rise to immediate couse (o), stating the underlying cause last. DUE TO, OAAS A CONSEQUENCE OF CARCINOMA LUNGS	
02 30	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0	
THE	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 2006. IF YES, WERE FINDING IN CERTIFYING CAUSES O	
OF VIII.	210, ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OCCURRED (ENTER NATURE OF INJURY IN 116M 18 PART OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	
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O Fund by APORTA	HYSICIAN'S NAME (TYPE OR PRINT) ANTEU, MONAKIL 6225, cum on Are Horride Grove	ce, ml
51 5212	130 BURIAL, CREMATION, REMOVAL 236 DATE 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN COUNTY	STATE
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(VRA 15, 4)	Harkins Funeral Home, Inc. 600 Main St. Delta, PAEB 20 1987 Julia Division	facilities



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# 133 FF		7 Ida M	ary		MIDDLE		Liu	ıkas	2	DATE OF DEAT	2 MONTH	12	YEAR 87	26 HOUR 6:00a		
Po po	3 SE	X		4 RACE			ATE OF			AGE (IN YEARS LAS	T BIRTHDAY)	IF U	NDER I YEAR	IF UNDER 24 HRS		
ge 4	F	emale		White		Se	ep.1	,1887 YEAR		99	,	YRS.	THS DAYS	HOURS MIN.		
or on or		RTHPLACE (STATE ORE COUNTRY)	OREIGN	Finland 8 MARRIED NEVER MARRIED NEVER MARRIED MARRIED NEVER MARRI						9 BALTIMORE CITY OR COUNTY OF DEATH Harford County MD.						
tiled withing		avre de Gr		11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Citizens Nursing Home						TYPE OF WORK FOR ME Homemak	PATION OST OF WORK			F BUSINESS OR		
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ompletely of 2 st		THER'S NAME	U	NK	LAST			15 MOTHER'S MAIDEN	NNAME	UN	K		tasi			
on ond co		vas deceased ever yes, no or unknown) NO		MED FORCES?	019-05		_	Arne V. Lu	ıkas,		Abo	ve		MATE INTERVAL		
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on. hos beer t permit.	CERTIFICATION	19a DATE OF OPERA	TION	19b COND	ITION FOR WH	HICH OPER	RATION	WAS PERFORMED		200 AUTOPSY?	INC	IF YES, W ERTIFYIN YES		GS USED OF DEATH?		
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7 5 T 2 3 4		SURIAL, CREMATION,		236 DATE		23c NAME	OF ČE	METERY OR CREMATO	ORY	23d. LOCATION	2	Me	PUNTY 21	10700		
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(VRA 15, 4)	Ta	rring Fune	ral H	ome.PA.	Aberdee	en.MD.	,210	001-3399	1-1-13	7 7 1987	- Aus	tra die	caribon	P. 2.		

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FOR STATE REGISTRAR

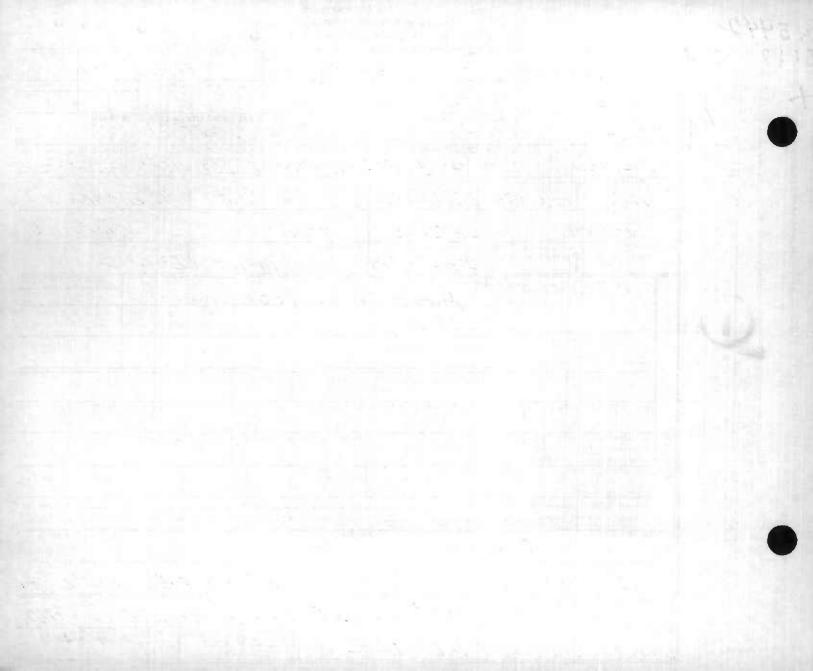
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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71		CEASED NAME FIRST	MIDDLE	l.	AST	20 DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
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	Ta BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8.	D NEVER MARRIED	9 BALTIMORE CITY OF	R COUNTY OF DEATH	
	I	TALY	4.5.A.	WIDOWE	DIVORCED [HAKFO	RD CO.	MD.
7	10 CI	DOELJOOD	11. NAME OF HOSPITAL, NURS		ROTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF		O OF BUSINESS OR RY THIS TEEL
1		AL RESIDENCE (IF NURSING HOME OR		ORE ADMISSION)				21000
7	11a. S	TATE 136 COUNTY	FORD EDGEL	(TOOK)	YES NO P	130 STREET ADDRESS /	AN BIBB	ER RE
2.	II. FA	THER'S NAME			15 MOTHER'S MAIDEN NAM			
8)	JOSEPH '	LA TOK	ZRE	ROSE	WIDDLE	GAL	BRIEL
1		VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDRE	35	
	(1	res. NO OK UNKAGWA) (IF TES, GIVE	213-0;	7-3715	FA	MILY RE	SCURDS	
		18. CAUSE OF DEATH (Enter onl	ly ane couse per line for (a), (b),	and (cs.)			BETWE	POXIMATE INTERVAL EN ONSET AND DEATH
		PART I. DEATH WAS CAUSED IMMEDIAT	E CAUSE (a) Mex	astali	a conecc	1/civeup		
					3			
		Conditions, if any, which	DUE TO, OR AS A CONSEC	SOENCE OF				
		gave rise to immediate	(b)					
		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEC	DUENCE OF				
d		PART 2 OTHER SIGNIFICANT C	(5)	O DE ATU BUT	NOT DELATED TO THE TERM	num Bissies on cour	217101101101171	
	Z O	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING I	O DEATH BUT	NOT RELATED TO THE TERMI	IN AL DISEASE OR CONL	JITION GIVEN IN PART	110
À	AT	190 DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FIN	
	CERTIFICATION					YES NO	IN CERTIFYING CAUS	SES OF DEATH?
2	89	210. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	EY IN ITEM IS PART I OR PART?	2)
	4	OR CONTRIBUTING CAUSE OF DEA		DAY YEAR				
4	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	17	211. LOCATION			
1	A	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE	CE. FARM ETC)	STREET	CITY OR TOV	WN COUNTY	STATE
		22a. I certify that (I) (this haspit	tal) attacked the deceased from		10		10	4
		saw the deceased alive an			nd that in (my) (aur) apinian d			_, that (I) (we) last
Н	100	abave, (1) (we) (did) (did not 12b. SIGNATURE	view the bady after death		DEGREE	The determined and the de		
Н		228. SIGNATURE	Mush		ATTENDING	MEDICAL STAF	F	ITE SIGNED
-		27d. PHYSICIAN'S NAME (TYPE OF	R PRINT)		PHYSICIAN	DIRECTOR PHYSIC	IAN	
		DR. SHELL	DON MILNE	ER	E	SSEX M	NEDICAL	CENTER
	23a B	URIAL, CREMATION, REMOVAL	23b DATE 23	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
	3	REMATION	12-23-1987 6	SKEEN	MIONNI CEM	· BALTII	MORE CI	74,000

CHAPEL OF MEMORIES

DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND

FOR

1 - STATE

REGISTRAR

STATE OF MARYLAND

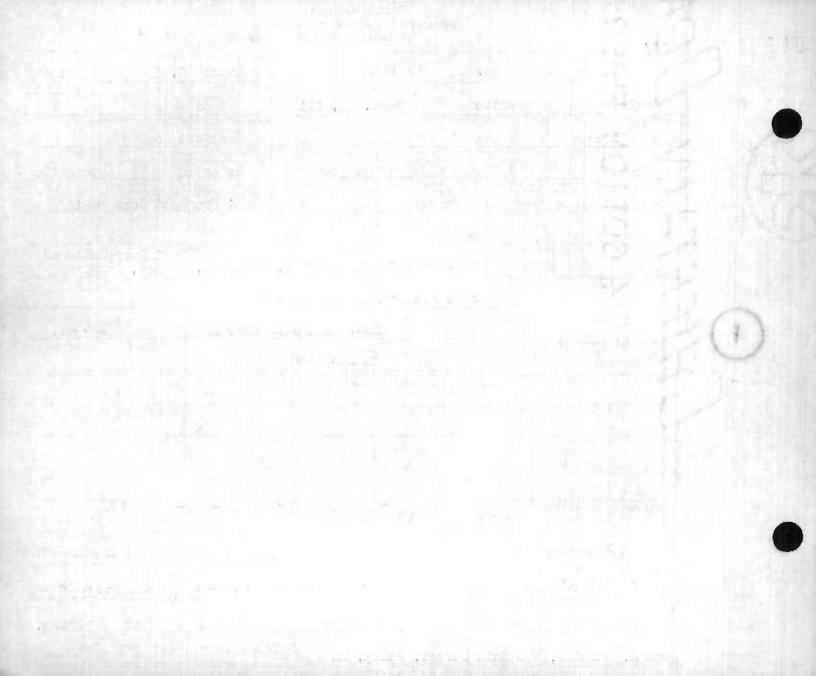
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

1		a	3	· I	8	1
4	REG. NO.					

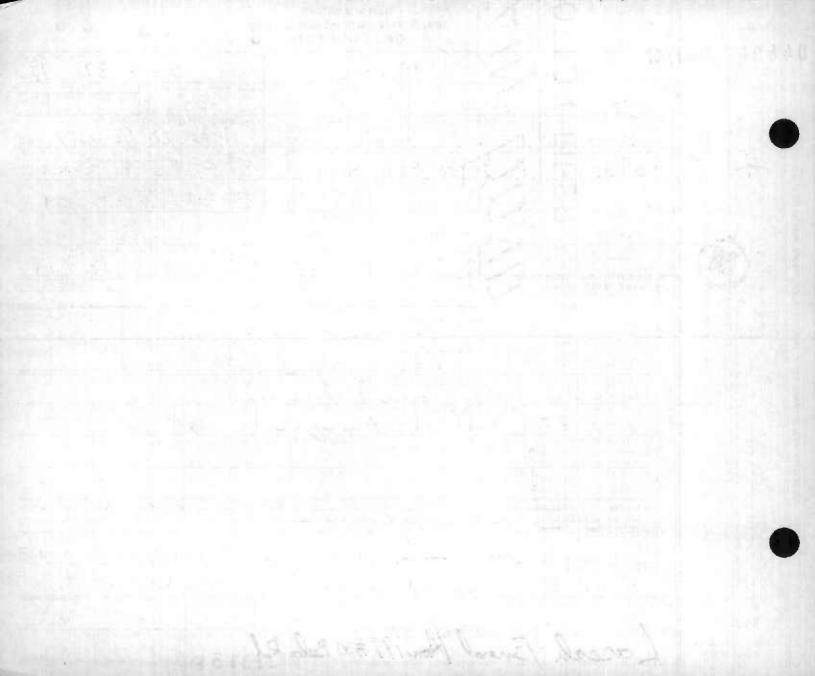
- 17	-	REGISTRAR					REG. NO.					
S		OR PRINT)	WIDDLE		LAST	2a D/	ATE OF DEATH MO	HINC	DAY YEAR	26 HOU	_	
à	11176	ROBER	T S.	MACOMB	ER	F	ebruary 2	, 19	87	4:	30 A	
	2.5E2	X	4 RACE	5 DATE (6 AG	E (IN YEARS LAST BIRTHE	ARS LAST BIRTHDAY) IF UNDER I YEAR IF UND MONTHS DAYS HOUR				
- 1		Male	White	Sep	t. 25, 1918	3	68	DATE	HOOKS	101000		
,,,		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8	D K NEVER MARRIED	9 BAI	LTIMORE CITY OR	COUNT	Y OF DEATH			
3	F	Pennsylvania	USA	WIDOWI	ED DIVORCED		Harford	Cou	nty		MD.	
ò	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL		OR OTHER INSTITUTION		ISUAL OCCUPATION		12b. KIND O	F BUSINE	SSOR	
×		Fallston	Fallston	General	Hospital		Salesman			omob	ile	
É	13a S	AL RESIDENCE LIF NURSING HOME OF		OR TOWN	\$13d. INSIDE CITY LIMIT	S? 113e ST	REET ADDRESS / 2	IP COD	E			
3	-		ford S	treet	YES NO XX		551 Prosp	ect	Road	21154	+	
2	4 FA	THER'S NAME FIRST	WIDDLE	LAST	15. MOTHER'S MAIDEN	NAME	WIDDLE		LAS	ī		
2			S. Macom		M	lary			Bowen		1357	
1		VAS DECEASED EVER IN U.S. AF	VE WAR OR DAIES)	IAL SECURITY NO.	17 INFORMANT		ADDRE3	551	Prospec	t Roa	ad	
£1		Yes W	W2 204	-05-3151	Elizabeth	J. Ma	comber, S	tree	t, Mary	Land		
		PART I. DEATH WAS CAUSE			1-				APPROXI BETWEEN	MATE INTER	DEATH	
В	8		TE CAUSE (a) KE	SPIRATO	RY FAIL	URE				0.3		
	199		DUE TO, OR AS A CO	INSEQUENCE OF		-	1.		~			
	1	Canditions, if any, which gave rise to immediate	(1b)	Transfer to	EWAHAZEW	DAR	OPD		7	YR5		
1	10	cause (a), stating the	DUE TO, OR AS A CO	INSEQUENCE OF	Scotion:				11			
1	E.	underlying cause last	(Ic)		DCOLION:	2						
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE	TERMINALD	ISEASE OR CONDI	ION GIV	VEN IN PART 1			
-	CERTIFICATION	190 DATE OF OPERATION	Tun contribution for			100		A) IF VE	C WERE SHIP!			
2	HC.	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200	1		S, WERE FINDIN FYING CAUSES			
1	ERT	210 ACCIDENT WAS UNDERLYING F	7 216 TIME OF INJURY		131- HOW BIRDY OF		S NO NO		ES 🗍	NO []	
2	HIP/AII	OR CONTRIBUTING CAUSE OF DE		NTH DAY YEAR	21¢ HOW INJURY OC	CURRED (E	NTER NATURE OF INJURY	N ITEM 18	PART I OR PART 2)			
	MEDICAL	IF EITHER NOTIFY MEDICAL EXAMINE		19								
	MEC	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION STREET		CITY OR TOWN		COUNTY	5	TATE	
Н		AT WORK AT WORK				714	2		20			
Н		220 I certify that (1) (this hasp saw the deceased alive an	I	57.73	nd that in (my) (aur) api	non death o	accurate as the data			that (I) {v	,	
П		obove, (I) (we) (did) (did no	at) view the bady after deat	th.		man dearn c	ccurred on the date	ond not			ted	
Y	13	DO	>		DEGREE ATTENDIN	IG MED	DICAL STAFF		22c DATE	J - S	7 17	
,		22d PHYSICIAN'S NAME CLYPE	OD BO INIT!		PHYSICIA 22e ADDRESS	N DIRE	CTOR PHYSICIA	N	9-		2 . (
	6	BPARE					Pa	-		. 100		
-	00.0						ED RD.	FA	LLSTOP	2/ 14	, 4.	
		URIAL, CREMATION, REMOVAL			EMETERY OR CREMATO	ORY 23d	LOCATION CITY OR TOWN		COUNTY		TATE	
	24 511	Cremation UNERAL DIRECTOR	2-03-87	Yo	rktowne	DATERECE	York		ork	Penr	na.	
		NAME	(00 10 1	ADDRESS	r	EB 4	D. BY REGISTRAR 251	REGIST	NO .	ATT	1	
	JO	ohn H. Harkins,	600 Main St	reet, Del	ta, PA	LD 4	1987	July	cordun.	Kandas		

DHMH - 16 60M 7/84 (VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 26 DATE OF DEATH 26 HOUR TYPE OR PRINT deot 3 SEX 4. RACE DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS White Male 1901 Je BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY MILLO Baltimore WIDOWEDKT DIVORCED [10 CITY-OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Jewelry sales Man S.& N.Katz USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 113b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 2953 Kingsmark Ct. 21009 Harford Abinadon Maryland NOX 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Caplan Markel Rache] Samue 1 ADDRESS Kingsmark Ct. IN WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN) HEYES, GIVE WAR OR DATEST Mrs. Linda Gooding, 213-09-7106 Abinadon, Md. 2100 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY. MOC IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which Hemorrha gove rise to immediate couse lat, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION world alar 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOD 210. ACCIDENT WAS UNDERLYING 216 HOW INTURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFEITHER NOTHY MEDICAL EXAMINERS 214 IN JURY OCCURRED 211. LOCATION 21e PLACE OF INJURY COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM ETC) NOT WHILE [220 | certify that (1) (this haspital) attended the deceased fram. 27, and that in (my) (auc) opinion death accurred on the date and hour and from the causes stated saw the deceased alive an_ 226 SKINLATURE DEGREE 77r DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 236 DATE (SPECIFY) CITY OR TOWN STATE Lorraine Pk. Cem. Woodlawn Md. 750 DATE RIC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND



50 W. Broadway & williams St

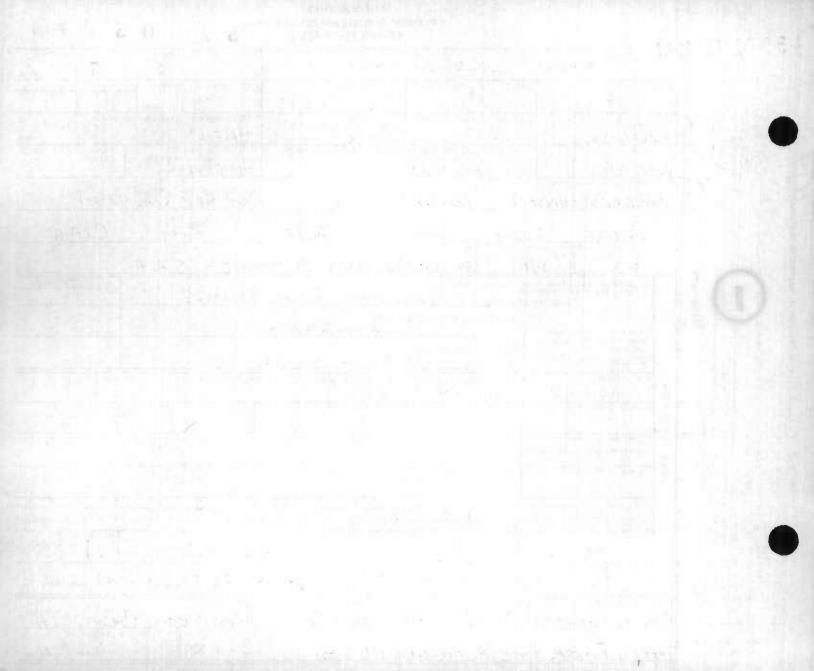
BEL AIR MARYLAND 21014

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4) JOSEPH William Foster

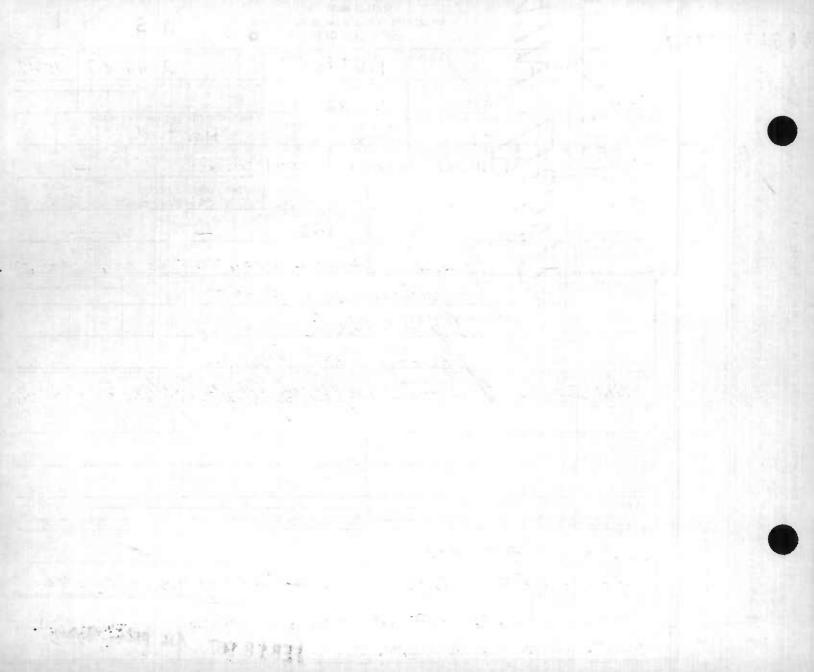
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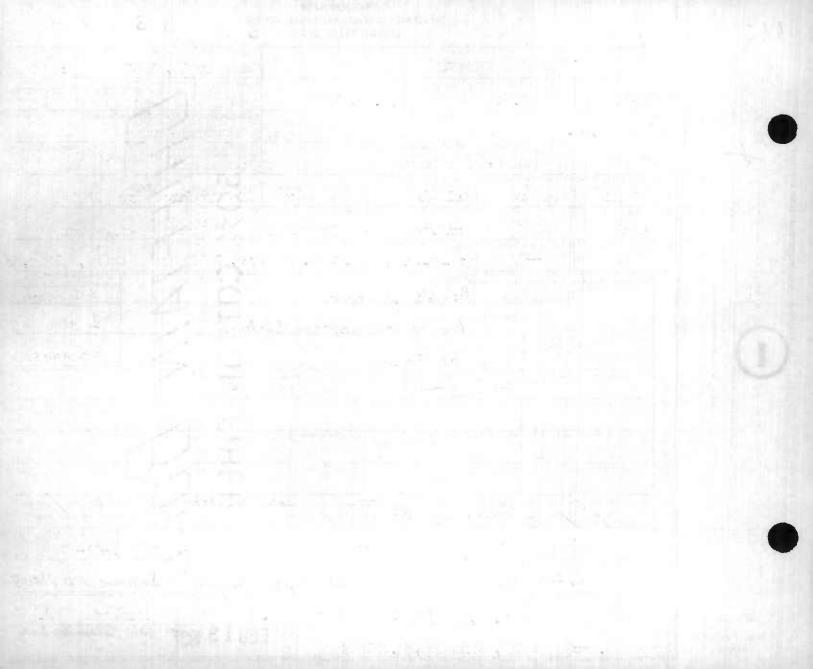
		STATE OF MARYLAND		
972 FER 12	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 /REG. NO. 0	5 1 9 0
	DECEASED NAME FIRST YPE OR PRINT) MAREL CLE	AUDINE MEISTER	20. DATE OF DEATH MONTH D.	7 89 3 AN
ge 4 moy be cector, page 3 urs after death	F 4. RACE	S DATE OF BIRTH MONTH DAY YEAR 7 27 97		IF UNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN
deoth. Po	JIBRALTER U	WHAT COUNTRY? 8 MARRIED NEVER MARRIED WIDOWED MORCED	HARFORD	OF DEATH MD
by the filled with	BERDEEN 3611 H	HOSPITAL, NURSING HOME OR OTHER INSTITUTION CHEACHTY, BYESTREE AGORESS)	120. USUAL OCCUPATION (179E OF WORK FOR MOST OF WORKING LIFE) HOME MAKER	126. KIND OF BUSINESS OR INDUSTRY
	UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 135, COUNTY HARPORA	ABECDEEN 13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE 3611 HAYS KOAD	/21001
1 10 /2/	FATHER'S NAME GEDRGE EDWIN	HOPE AUCE	MARY	CRAIG
oo oo ex	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE MAR OR OATES)	166 SOCIAL SECURITY NO. 17 INFORMANT 549-66-3228 BETTY M. M	ONROE - SA.A.	
event, th	18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	Congestive Heart	FAILURE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e d'utilité d'ut	Conditions, if any, which (b)_	OR AS A CONSEQUENCE OF DEVELOP YOU MONIO		
that the d d by the o ease remoi ol, cremati	gove rise to immediate couse (a), stating the underlying couse last.	OR AS A CONSEQUENCE OF CO	li,	
y, y		ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	minal disease or condition give	N IN PART 110
N. The low required by system. Cote hos been signored by the system on the system of	19a DATE OF OPERATION 196 CONE	DITION FOR WHICH OPERATION WAS PERFORMED	YES NO YES	
25 27	AS SOUTH OF	DF INJURY 2.M. MONTH DAY YEAR 2.M. 19	RRED (ENTER NATURE OF INJURY IN ITEM 18 PAI	RTT OR PART 2)
or ottending p After this certifice os the buriol-tolth and Mental marked at them	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 21e PLACE (AT HOME S'	OF INJURY TREET, FACTORY, OFFICE, FARM ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
Spitol CTOR: for us of He	22a.1 certify that (1) (this hospital), attended to sow the deceased alive an above, (1) (we) (did) (did not) view the bad	2 7 10 8 2 and that in (my) (our) appropri	n death occurred on the date and hour	9
by the ho ERAL DIREI ERAL DIREI Stote Dept ANT: If hem	226 SIGNATURED. L. RYCOU	olds DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221 DAJE SIGNED 27
TO HOSPITAL Cretoined by the TO FUNERAL D should be detoo with the Store D IMPORTANT; if	22d PHYSICIAN'S NAME (TYPE OF PRINT) D. L. PIROVOL	Libis MD. PA 2112 Bel	AV Rd FALLSTON	u, Nd · 21047.
BP	BURIAL CREMATION, REMOVAL 236 DATE (SPECIFY) EMOVAL CLEMATION 2-8-2		WEST CHESTER, (HESTER, PA
DHMH - 16 60M 7/B4 (VRA 15, 4)	FUNERAL DIRECTOR ARRING FUNERAL HOME. PR	. A ADDRESS	FEB 1 1 1987 Julia	Deviden Randace



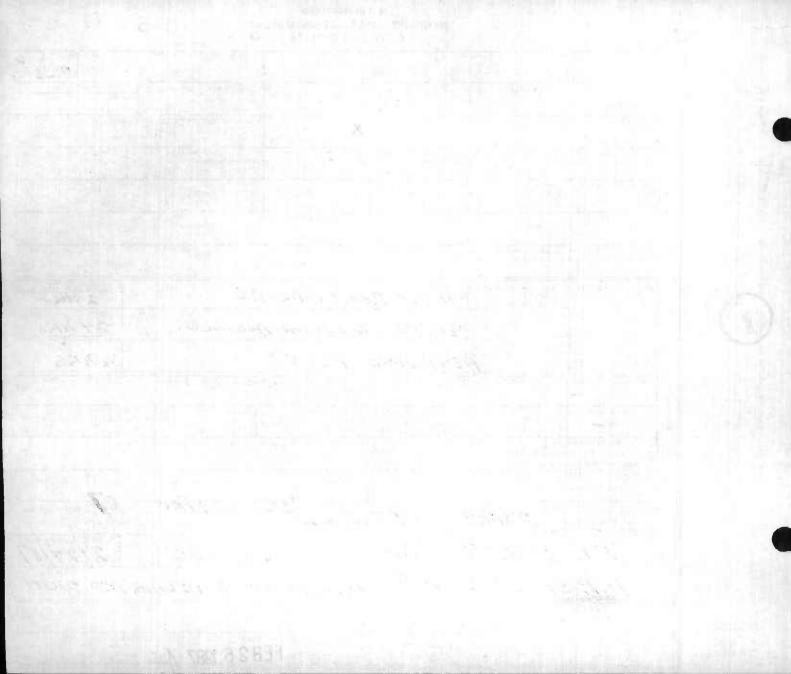
647 FER 19	1-	FOR STATE REGISTRAR		DEPART		IEALTH AND MENTAL HYG	IENE 7 O REG. NO.	5 1 9	
1 to		CEASED NAME PIRST	MARY	MIDDLE ROXAN	INA N	7: + ZePEL	20. DATE OF DEATH MONTH	16 87	1007A
1 6	3. SE		RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)		IF UNDER 24 HRS
ge 4		Female	Whi	te	MONT?	a2 91	95 _{YR}		HOURS MIN.
1 135	- (RTHPLACE (STATE OR FOREIGN COUNTRY) Tyland		WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	BALTIMORE CITY OR COU	1	MD
682		TY OR TOWN OF DEATH		HOSPITAL, NURSING		prother institution	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Housewife		BUSINESS OR
4 11 45	130 5	AL RESIDENCE (IF NURSING HOME) STATE 136 CC		13c. CITY OR TOW		134 INSIDE CITY LIMITS?	130.STREET ADDRESS / ZIP CO 2726 Clayton		1085
主 统万数人		THER'S NAME		- The		15. MOTHER'S MAIDEN NA	WE		
1 17 CK		William	Henry	Jub	b	Louise	WIDDLE	Peterso	n
10 to 100 7		VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	JRITY NO.	17. INFORMANT	ADDRESS		
Pogo de /		(IF YES	, GIVE WAR OR DATES)	217-50-4	910	Marion S. Rer	nfro, 160 Elder		nford, F
res that the death certification by the attending phy plant is small company to the attending to the attendi		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DIATE CAUSE (0) DUE TO, C (b) DUE TO, C (c)	OR AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT ON TRIBUTING TO	ENCE OF	Shack That In	HELLON '		
NG PHYSICIAN. The law requir offending physician. After this certificate has been signs the buriol-tronsit permit. They thand Mental Hygiene prior to gorked ar tem 18 shows-eagy injury orked ar tem 18 shows-eagy injury	CERTIFICATION	HTKENESCES	196. COND	SELLE ANS	TKS 4	N WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDING RTIFYING CAUSES O	SS USED OF DEATH?
ician. g physic entificat iol-tron intal Hyg		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	OF INJURY A.M. MONTH D P.M.	AY YEAR	21c HOW INJURY OCCURE	ED (ENTER NATURE OF INJURY IN ITEM	18 PART OR PART 2]	
offer this of steed or hand Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, I	FARM, ETC.)	21F LOCATION STREET	CITY OR TOWN	COUNTY	STATE
ENDIP cal or CNS: Ad Truse Healt		22a I certify that (I) (this ha				, 19	, to		at (1) (we) last
at OR ATT the haspital at DIRECTG etached for ite Dept of it: If them 21		saw the deceased alive above. (D-(we) (did) (did 22b. SIGNATURE	not) view the body	y after death.		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	22c DATE SE	
O HOSPITA Stained by O FLINE A House de d		22d. PHYSICIAN'S NAME (TY	LAZES	mo	•	22e ADDRESS	ton General	1 Horas	tal
4: 6:55		URIAL, CREMATION, REMOV				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
BP		Burial	Feb.18	3,1987 Q	ak Law	n Cemetery	Baltimore		Md
DHMH - 16 60M 7/84 (VRA 15, 4)		Howard K. McC	omas III,	Abingdor	n,Md.	2100 9 FB	REC'D. BY REGISTRAD 755, REC	Mary Modern	No.

STATE OF MARYLAND

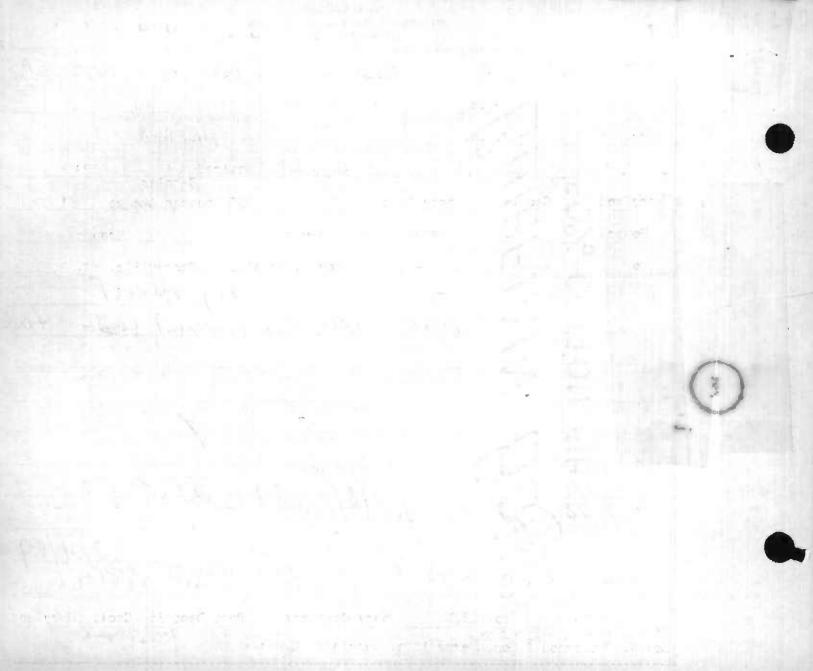




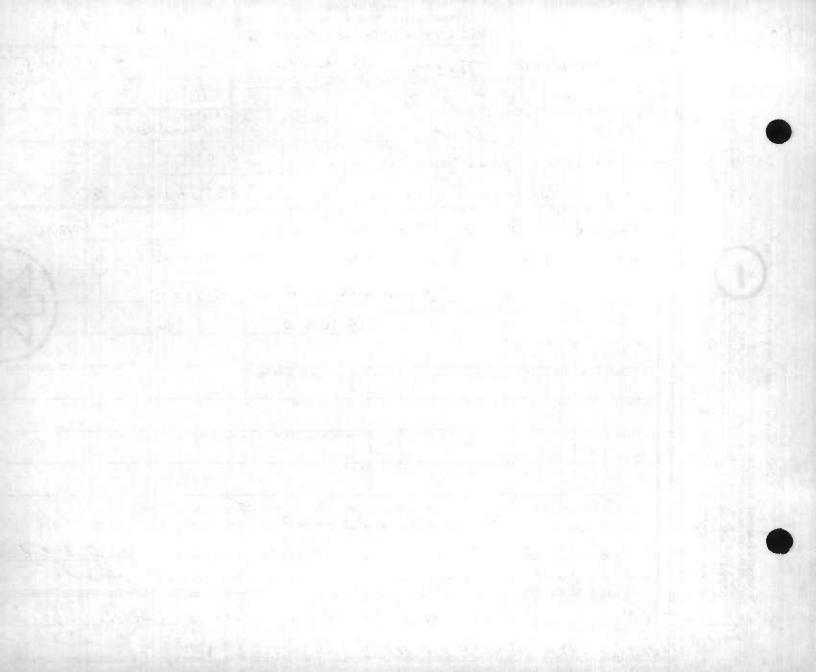
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مَ عَدِدُ وَ		Baltimore M			SPITAL NURS	WIDOWE	D DIVORCE		28 USUAL OCCUPATI	ON	12b. KIND C	F BUSINESS OR
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AN S TO STORY		aryland _	Harf	ord	Bel ai	r	YES NO X		924 Rocksp	ring	Rd., 21	014
With with		THER'S NAME	MIDDI	LE	LAST		15. MOTHER'S MAID	DEN NAMI	WIDDIE		LAS	ī
A B GOOD		obert			Jones		Molly		40000		Rich	
ORE,	0		S. ARMED ES, GIVE WAR	OR DATES)	66 SOCIAL SE		17 INFORMANT		ADDRE	3924	Rock Sp	ring Rd.
BALTIMOR		no			212-22-	-342U B	Russell	LP.	Neeper,Bel	Air,		1014
792 D		18 CAUSE OF DEATH (En	AUSED BY	f:	CARZ	20 R	ESP FAI	1204	RE		BETWEEN.	MATE INTERVAL ONSET AND DEATH
W. PRESTON ST or the result cert y the threshold se remove carbon cremation or re-		Conditions, if any, whi		DUE TO, OR					ecipens		24	HRS
1 W. PRE that the case remo		gave rise to immedia cause (a), stating t underlying cause la	ote 1	DUE TO, OR	ASACONSEG POVA	NEET	Asci	UD			YEA	RS
RDS, 301 equires the n signed b Then pleas to buriol, injury, or o	NO	PART 2 OTHER SIGNIFIC	ANT CON	DITIONS CON	TRIBUTING T	O DEATH BUT	NOT RELATED TO TH	HE TERMIN	IAL DISEASE OR CON	DITION GI	VEN IN PART 1	a)
L RECORDS.	CERTIFICATION	19a. DATE OF OPERATION		196 CONDIT	ON FOR WHI	CH OPERATIO	N WAS PERFORMED		200 AUTOPSY?	IN CERTI	S, WERE FINDING CAUSES	OF DEATH?
NG PHYSKIAN: The ottending physicion free this certificate has the buriol-transit ph and Mental Hyger pysed or them 18 show	_	21g. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA	OF DEATH	21b. TIME OF HOUR A.M P.M	. MONTH	DAY YEAR	21c. HOW INJURY O	OCCURRE	D JENTER NATURE OF INJUI			
HYSK Iding Iding I Men or He	MEDICAL	214. INJURY OCCURRED	OMINER	21e PLACE OF	FINJURY		211. LOCATION		CITY OR TOY	/hi	COUNTY	STATE
IVIS IG Pl otter ter th s the	Z	WHILE NOT WHILE [(AT HOME, STREE	T, FACTORY, OFFIC	E, FARM, ETC.)	SIREET		CHTORIO		104	SIAIE
TENDIN dal or OR: Af or use or or use of the of the		22a. I certify that (I) (this	haspital)	attended the	deceased from	() T		36	_, to23/2	-10_		that (I) (we) lost
F 0 1 - 0 W		THE PARTY OF THE P	ded not ye	ew the body of	ter death.	0		opinion de	eath occurred on the de	ote ond ho		
AL OR A r the hos AL DIREC detoched ote Dept.		THE SIGNATURE	ber	lun	1 9.	m4-		DING CIAN.	MEDICAL STAI	F IAN 🗌	22c. DATE	24/87
TO HOSPITAL etoined by 11 TO FUNERAL should be det with the Store		THE PHYSICIAN'S NAME	SID OR PRIN	WE	22 1	1. D.	HI RA	NKh.	IN ST BE	RALL	3 MD	21014
5 5 5 4 3 B	23a. E	SURIAL, CREMATION, REM		3b. DATE		NAME OF C	EMETERY OR CREMA	ATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
BP	L	Burial		2-26-19	987 E	Belair	Memorial G		Belair	Harf	ord	Md.
DHMH - 16 25M	24. FI	JNERAL DIRECTOR			ADDRESS		2	-	REC'D. BY REGISTRAR	25b. REGIS	TRAR'S SIGNAT	URE
(VR A 15 (4)) 9/74	E	.F. Lassahn,	11750	Belair		sville	Md.21087	FE	826 1987	Julia	Tiorder .	Dendark.



015010	STATE OF MARYLAND
045842 MAR-	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7
	REGISTRAR CERTIFICATE OF DEATH O REG. NO.
	1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
nay be page 3	Howard M. Nesbitt February 25, 1987 8:30 thm
ma)	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) FUNDER TYPER IF UNDER 24 HRS MONTHS DAYS HOURS I MIN.
a PE d	Male White May 7 1923 63 YRS. MONTHS DAYS HOURS MIN.
1 100	BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED MEVER MARRIED MEVER MARRIED MEVER MARRIED M
東 美な 大	Maryland / U.S.A. WIDOWED DIVORCED HArford MD.
1 2 Z	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 120 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
5 / B	Havre de George Harford Memorial Hospital Retired Mail. APG
2120	UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 130. STATE 130. STREET ADDRESS / ZIP CODE
ON TO THE PROPERTY OF THE PROP	Maryland Cecil Perryville YES K NO□ 630 Honaker Avenue 21903
TA I III	4. FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE LAST
W I IVIV	Howard L. Nesbitt Violet Krauss
NE.	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)
IMO	No 220-20-7475 Nancy L. Nesbitt Perryville, Md. 21903
BALTIMOR: cote be entraged by year on the most.	18 CAUSE OF DEATH (Enter only one couse per line for 19) (by and 101.1) PARTI. DEATH WAS CAUSED BY: APPROXIMATE INTERVAL APPROXIMA
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PR the certification of the ce	gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF
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8 6 7 7	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
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RECORDS	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 200 NO 20
The I con.	YES NOZ YES NO
VIII Nysicot Hygens	210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR
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	DOTTO PEDUTICES PAUSOW US 310471
5 a 5 4 1 3 4	236 BURIAL, CREMATION, REMOVAL 236 DATE 23C NAME OF CEMETERY OR CREMATORY 23d LOCATION
BP	Burial Feb. 28,1987 Asbury Cemetery Port Deposit Cecil Maryland
DHMH - 16 60M 7/84	2018 BAF REGISTRARY SPECISTRARY SPECISTRAR
(VRA 15, 4)	Lee A. Patterson & Son, Perry Ville, Maryland AAR 02 1987



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR LUCE ASED NAME 24. DATE KNOWN DE MONTH 26 HOUR LINKE CHERRY) Milalred OF DEATH MATED 19 0 OM 4 RACE DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY 510 PRONOUNCED DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR MARRIED NEVER MARRIED DIVORCED WIDOWED D CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Lemonial AL RESIDENCE UF IN 30 STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRES Ma Charcles 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE 16a WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH IB CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY: DROW ARY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF ASCUO Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO [210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 214 INJURY OCCURRED 21f. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN 220 I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE alliance IT. Harre EXAMINER'S NAME TYPE OR PRINT) 23g BURIAL, CREMATION REMOVAL 23b DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 258A 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** dia Devideon Randall (VR A15 ME (5))



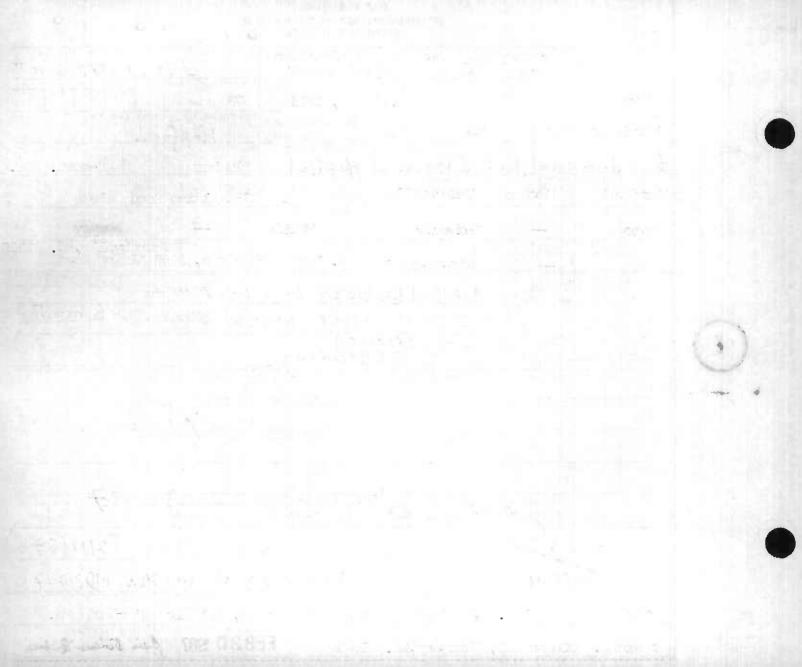
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	TAL OR y the ho RAL DIRE	to Dep	1	226 SIGNATURE Dave	P 5. D				DING A	MEDICAL STAR		2/3	23/87
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	BP	. 1 5		BURIAL, CREMATION, REMO	FEB 25	5,1987 BE	A Airm	Emorial Gard	Eng	23d LOCATION CITY OF TOWN BEI ALT HA	rford Co., M	prylav	STATE 21014
(DHMH - 16		24	EUNERAL DIRECTOR	oster 50 W	Air DORESS	IISW PA	iams St. 2	MAR	0 2 1987	25h REGISTRAR'S	SIGNAL	REdock

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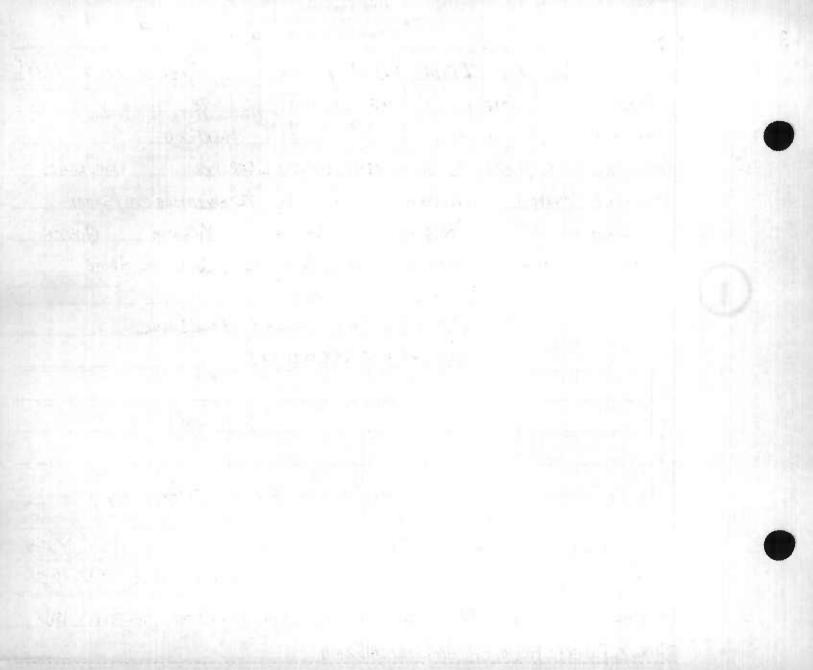
	1			STATE OF MARYLAND		
045852 MAI	7-4	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE / REG. NO.	5 1 9 /
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a do	3. SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
rs oft		EEMALE	CAUCASIAN	OCT 4 1897	89 YRS	MONTHS DAYS HOURS MIN.
- 5 P 19 L	70.8	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	ITY OF DEATH
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201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 That the draft certificate be executed within 24 hours by the the mending physician and completely filled in by proceeding the completely filled in by proceeding the transfer of the completely filled in by proceeding the completely fill		STATE 136 COUN	ITY 13 CITY OR TOW		13e.STREET ADDRESS / ZIP CO	DIDGE ROAD 21047
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DOIN OF A See of the s			tal) attended the deceased from_	OCT 13 19 82	10 FEB 27	. 19.87 , that (I) (ma) lost
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OR A e hos Directoched Dept		22b SIGNATURE	- 1 view life body offer deoffi.	DEGREE		22c. DATE SIGNED
7 = 7 = 0 =		Philipsel	Venner !	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	FEB 27,1987
10SPITAL ned by th FUNERAL old be dete		226 PHYSICIAN'S NAME (TYPE O		22e ADDRESS		
T - 2E 2 1		PHILIP W.	HEUMAN, M	D. BOTHICKO	RY AVE, BEL	AIR, Mo 21014
0 g 0 g 3 4	230	BURIAL, CREMATION, REMOVAL	23b DATE 23c 1	NAME OF CEMETERY OR CREMATORY		
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DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR		6 .	TE REC'D. BY REGISTRAR 256 REG	ISTRAR'S SIGNATURE
(VRA 15, 4)	H	oward K. McComa	s III, Abingãon,	Md. 21009	AR 0 2 1987 Juli	a Dividion Parlace

0.50 ALLYS STARTE PRATE 1868 273 1987 8136 FEMFALE CHARASIAN CUT 4 1847 89 Personalana United States ... X PARKER G K BEL PIR BELFIR (WIMLESCENT GINESE MY HARROND FALLSTON X 1123 STURBRIDGE KIND FOR JULIUS POTTER WILHERLA STRUBER No DEL TO YOUR PRICES DES STUBBLISH KERD FREE WITCH WILL BREWE CAROUAC ARKESE MACHINETTER SHEETS AND ALL TENNEY CHANGE THE PROBLEMS FOR THE PARTY Philipping De X PALLE OF THE WAR, M. O. SO THEREOF FLICKER PROPERTY . Clare to the second of the control

	STA	TE OF MARYLAND		
FOR STATE REGISTRAR			B / REG. NO. 5	9 8
DECEASED NAME	armey Ray	Richardson	P (DAY YEAR 26. HOUR
				FUNDER I YEAR IF UNDER 24 HRS
Male	White Jul		73 YRS.	MONTHS DAYS HOURS MIN.
North Carolina	TICA		HARFOR L	OF DEATH MD.
House de GRACE	Harford Memorial	Hospital	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIF Plumber	126 KIND OF BUSINESS OR INDUSTRY US-govt. Ret.
STIAL DESIDENCE HE NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION	13d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE 3158 Aldino Road	21028
FATHER'S NAME FIRST FROTY -	- Richardson	IS MOTHER'S MAIDEN NAM	WIDDLE	Absher
(YES NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	Mrs. Lora Ric	ADDRE Churchardson, 3158 Al	hville,Md. 21028 dino Road
18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	nly one couse per line for (a), (b), and (c)	lawlobe Lung	wir mets to	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DUE TO, OR AS A CONSEQUENCE OF			6 months.
gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF			
			NAL DISEASE OR CONDITION GIV	EN IN PART Ita
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OR CONTRIBUTING CAUSE OF OF	AIII	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)
21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
22a 1 certify that (I) (this has	0110	183 , 19	to 2 - 19	19 7, that (I) (we) lost
obove, (1) (we) (did) (did o	1) view the body ofter death	DEGREE ATTENDING	MEDICAL STAFF	217/87.
0.		22e ADDRESS		V MD21047
BURIAL, CREMATION, REMOVA BURIAL		CEMETERY OR CREMATORY	23d LOCATION	arford Md. STATE
		25a DATE		
	STATE REGISTRAR I. DECEASED NAME (TYPE OR PRINT) 3. SEX Male 70. BIRTHPLACE (STATE OR FOREIGN NORTH Carolina 10. CITY OR TOWN OF DEATH SUAL RESIDENCE (IF NURSING HOME CITY OR TOWN OF DEATH SUAL RESIDENCE (IF NURSING HOME CITY OR TOWN OF DEATH WAS DECEASED EVER IN U.S. A (YES NOORUNKNOWN) 18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION PART 2 OTHER SIGNIFICANT 1910 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING COUSE (OF DEATH) ALWORK 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING COUSE OF DEATH ALWORK 220.1 Certify that (1) (this has sow the deceased alive or obove, (1) (we) (did) (did in) 221. SIGNIFIE 222. BURIAL, CREMATION, REMOVA	FOR REGISTRAR DEPARTMENT OF CERTIFIED REGISTRAR DECEASED NAME (1996 OR RENT) DESCRIPTION FATHER'S NAME (1996 OR	DEPARTMENT OF HEALTH AND MENTAL HYG STATE REGISTRAR I. DECEASED NAME RAY RACE MAILE MITTER OR PORTS J. DATE OF BIRTH MONTH MONTH MONTH NOTTH CAROLINA J. DATE OF BIRTH J. DAY MARRIED M. NORTH CAROLINA J. DATE OF BIRTH J. DAY MARRIED M. NORTH CAROLINA J. DATE OF BIRTH J. DAY MARRIED M. NORTH CAROLINA J. DATE OF BIRTH J. DAY MARRIED M. NORTH CAROLINA J. DATE OF BIRTH J. DAY MARRIED M. NORTH CAROLINA J. DAY MARRIED M. NORTH CAROLINA J. NORTH SIGNA MARRIED M. NORTH CAROLINA J. NORTH SIGNA MARRIED M. NORTH CAROLINA J. DAY MARRIED M. NORTH SIGNA J. MARRIED M. NORTH SIGNA MARRIED M. NORTH SIGNA J. MARRIED M. NORTH MARRIED M. NORTH M. NORTH MARRIED M. NORTH M. NORT	DEPARTMENT OF HEALTH AND MENTAL HYGENE STATE STATE STATE DEPARTMENT OF HEALTH AND MENTAL HYGENE CERTIFICATE OF DEATH REG. NO. REG



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1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		saw the deceased alive an obove, (I) (we) (did) (did no	2/1	19 0	nd that in (my) (our) opinia	n death accurred on the da	te and hour and f	
A September 1		TH. SIGNATURE	1) View the obdy differ o		DEGREE		27	RE DATE SIGNED
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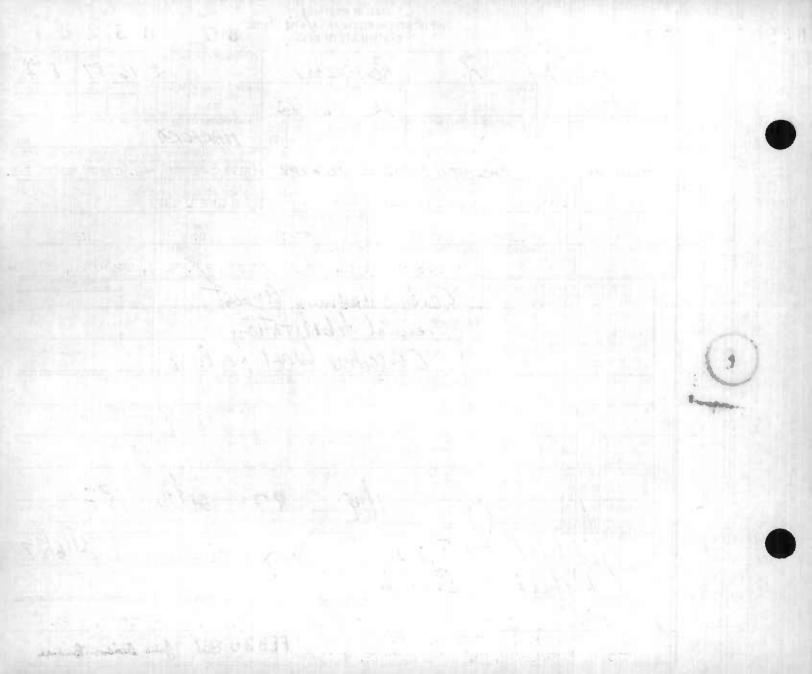


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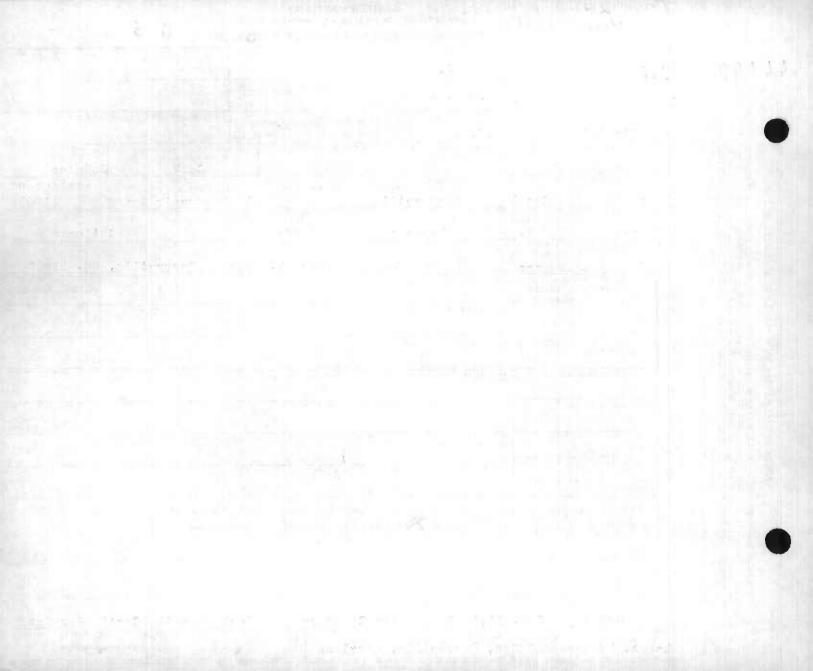
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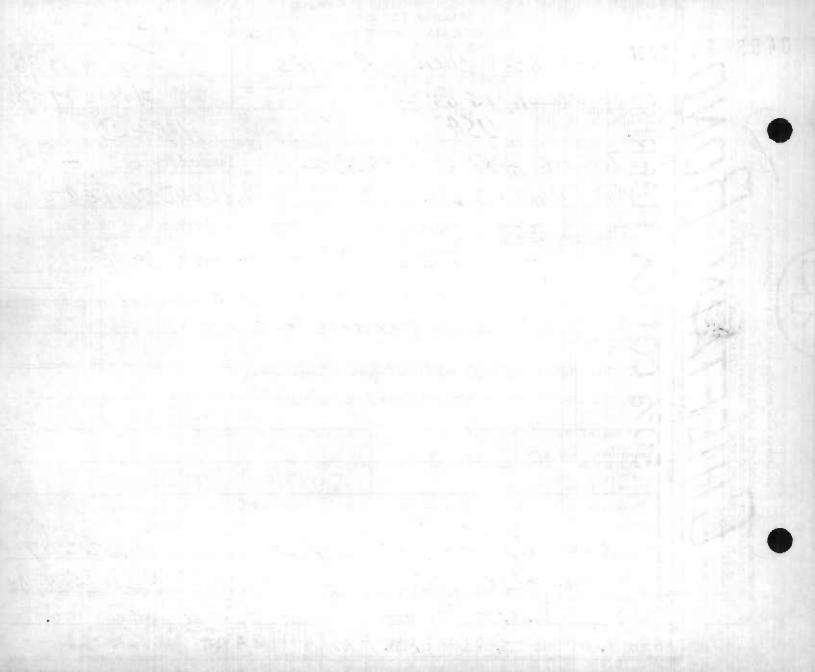
STATE OF MARYLAND



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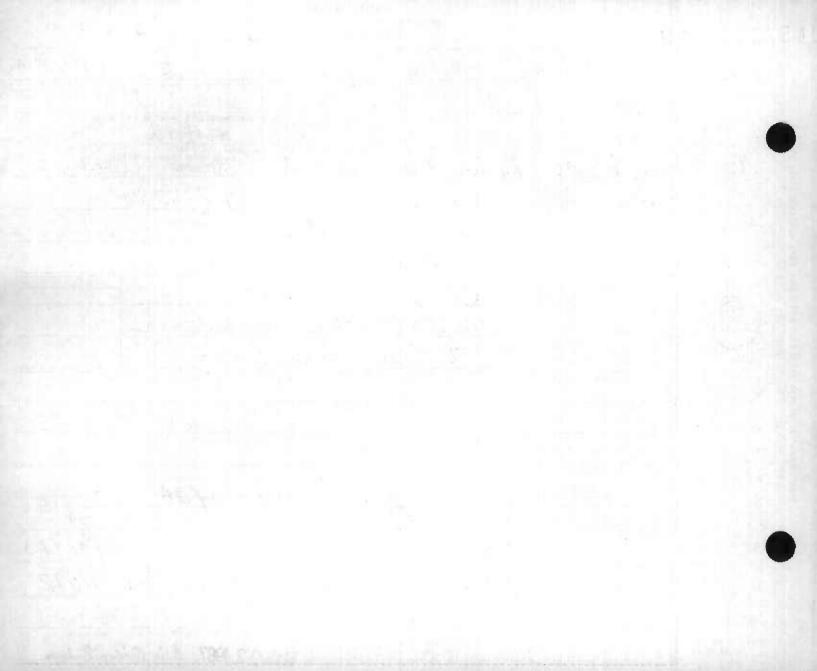
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR TO DECEASED NAME 20 DATE KNOWN (TIME OR PRINT) OF ESTI-DEATH MATED & AGE IN YEARS 3 SEX DATE LAST BIRTHDAY) PRONOUNCED DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH TE BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) Penna. WIDOWED DIVORCED D CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE)
HOUSEWIFE OR INDUSTRY WAL RESIDENCE (IF IN NURSIN 21040 130 STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRE 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Harkins McFetridge Mary Theresa Robert George 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) LIEYES GIVE WAR OR DATES! no APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY. Masilve MMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, If any, which Cay accided gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 2 If LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE 22a. I certify that I took charge of the remains described above, held an Autapsy Inspection and in my apinian Hamicide Undetermined manner EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY COUNTY STATE Burial Resurrection Cemetery Bensalem Pa. 07/84 BP 25M 24 FUNERAL DIRECTOR DHMH - 17 Howard K. McComas III, Abingdon, Md. 21009 (VR A15 ME (5))



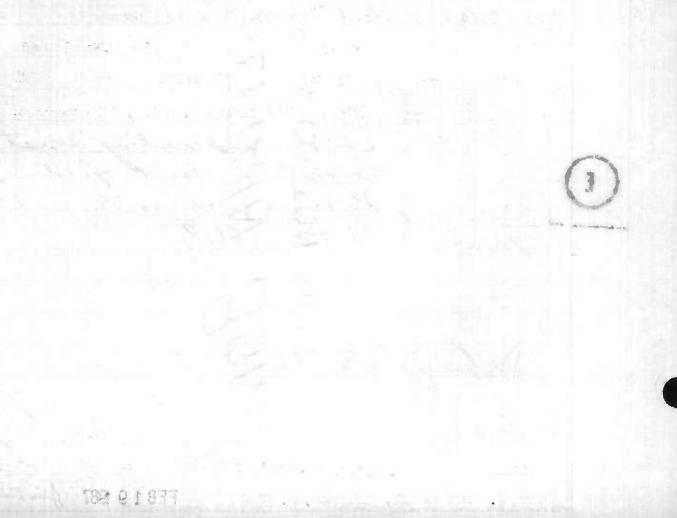
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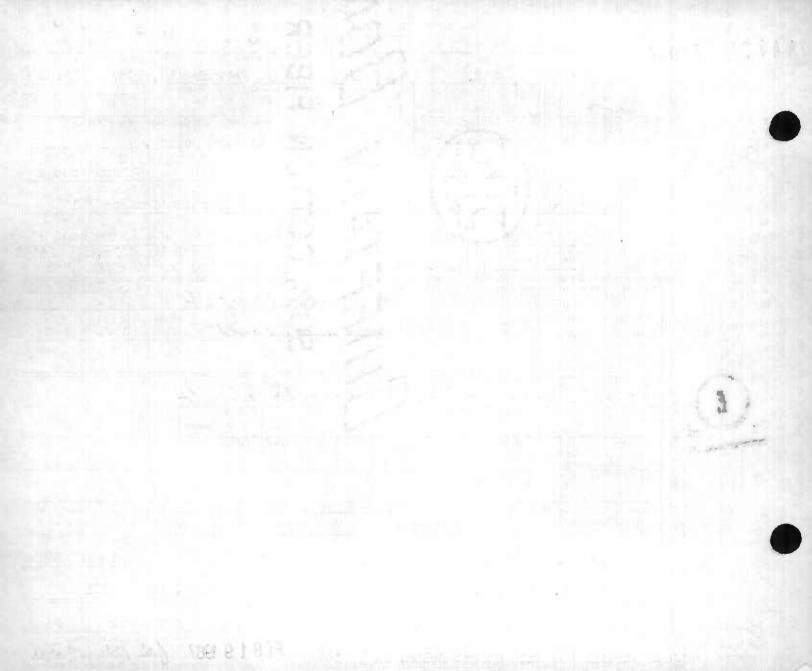
arring Funeral Home, P.A. Aberdeen MD, 21001-3399

(VRA 15, 4)



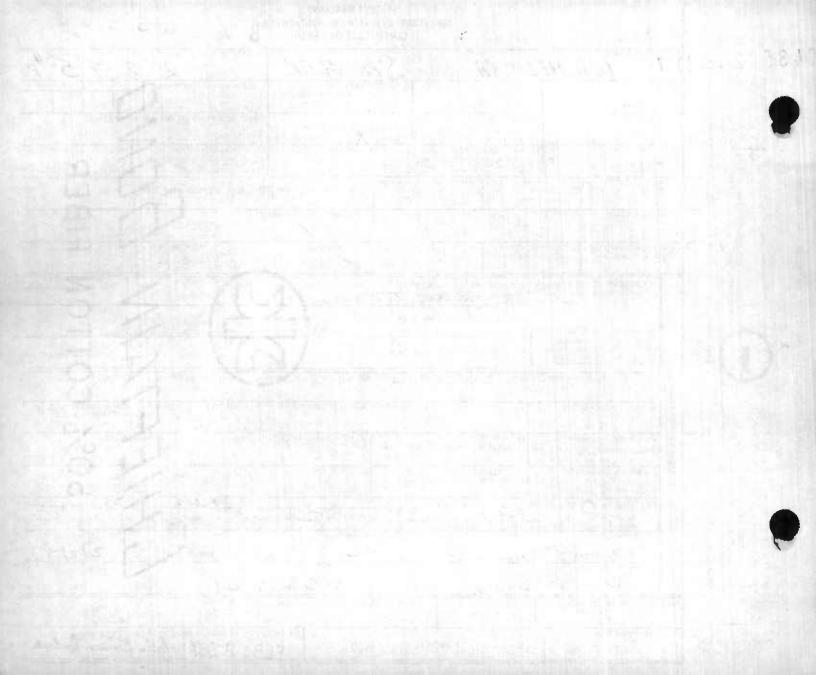
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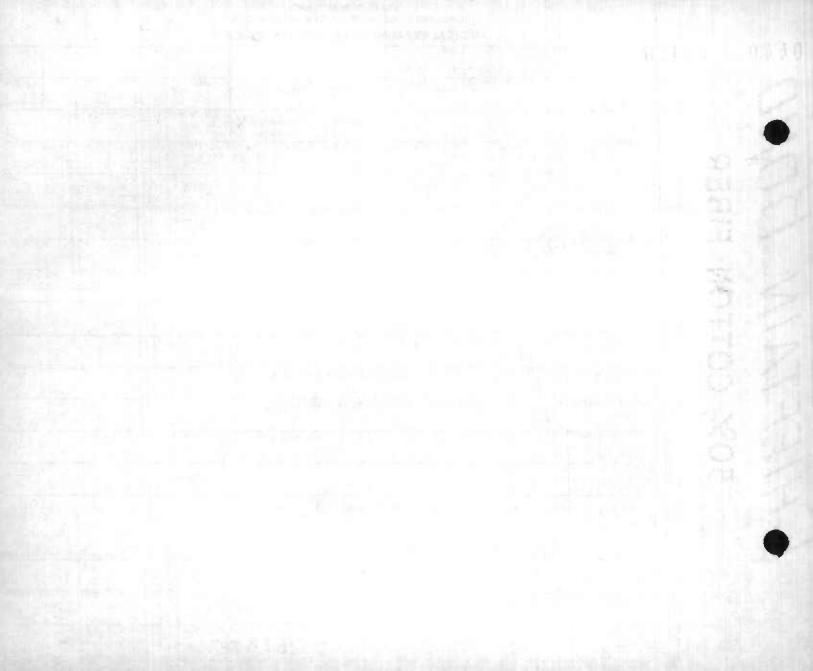


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STATE OF MARYLAND

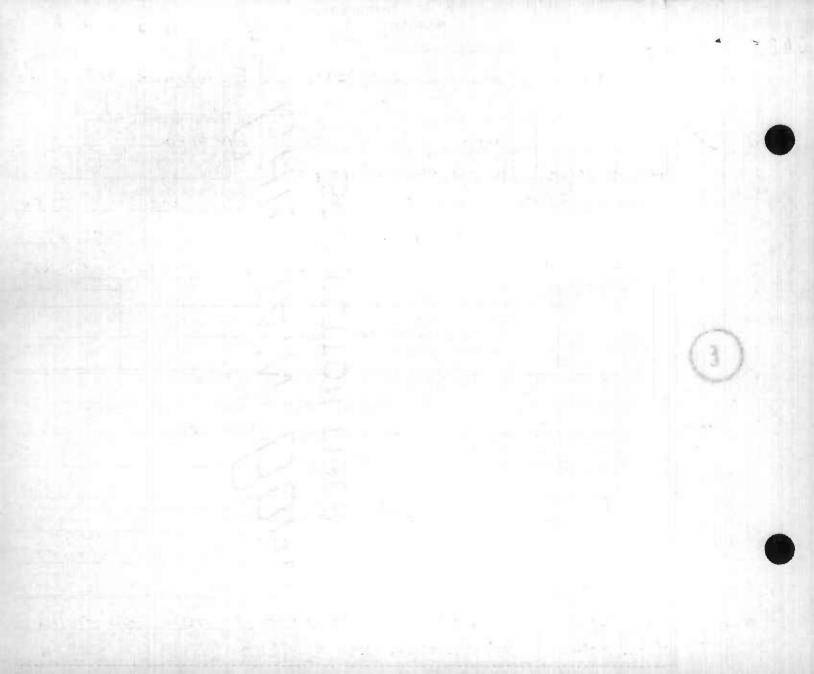


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2e. DATE KNOWN (X) MONTH 2b HOUR OF ESTI-DEATH MATED R FILES. HOURS STREET, DAVID -7 - 87SPILMAN 19 3. SEX DATE OF BIRTH IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY) PRONOUNCED 2-7-87 7:10a Aug. 25, 1965 DEAD Male White 9. BALTIMORE CITY OR COUNTY OF DEATH TH BIRTHPLACE (STATE OF MARRIED NEVER MARRIED FOREIGN COUNTRY) Harford County U.S. A. Baltimore WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Salesman/Student Fallston Towson State 152&Cloverdale SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Cross Country Ct. 13d INSIDE CITY LIMITS? 13e STREET ADDRESS NO EX 2833 Harford Fallston Maryland 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Beall MIDDLI David Spilman Sandra В. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRES 2833 Cross Country (IF YES, GIVE WAR OR DATES 217-76-7390 Mrs. Sandra B. Spilman, Ct., Fallston, Md. 21047 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MMMEDIATE CAUSE (0) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GETH RUL NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NER: THIS CLASS HE WORKE ICATE, WRITING THE WIST FORWARDED TO THE CHI TOR: PAGE 3 SHOULD BE UNITED FOR STATE DEPARTMENT YES W NO [21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) UNDERLYING TOR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 6: 20 Am. 2-7-87 19 driver of an auto/auto collision TIE PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STATE WHILE AT WORK AT WORK hawy. 152&Cloverdale Fallston, Maryland Autopsy X 22a I certify that I took charge of the remains described above, held on Inquiry and in my opinion Suicide Homicide Undetermined manner Natural causes TITLE (SPECIFY) Assistant PAGE 4 SHOU TO FUNERAL DAFFER DEATH 2-7-87 SIGNATURE. Margarita A. Korell, M.D. EXAMINER'S NAME 111 Penn Street (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Belair Memorial Gardens BelAir Burial Md. 2-10-1987 Harford 07/84 25AA 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** . Deordon-Kandasa E.F.Lassahn, 11750BelairRd. Kingsville, Md. 21087 EB (VR A15 ME (5))

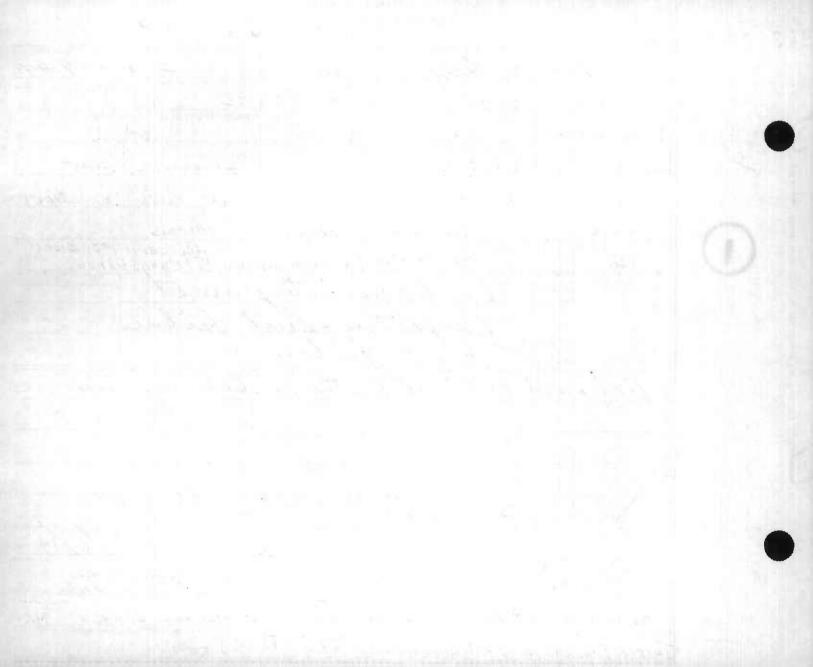


Perryville, Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

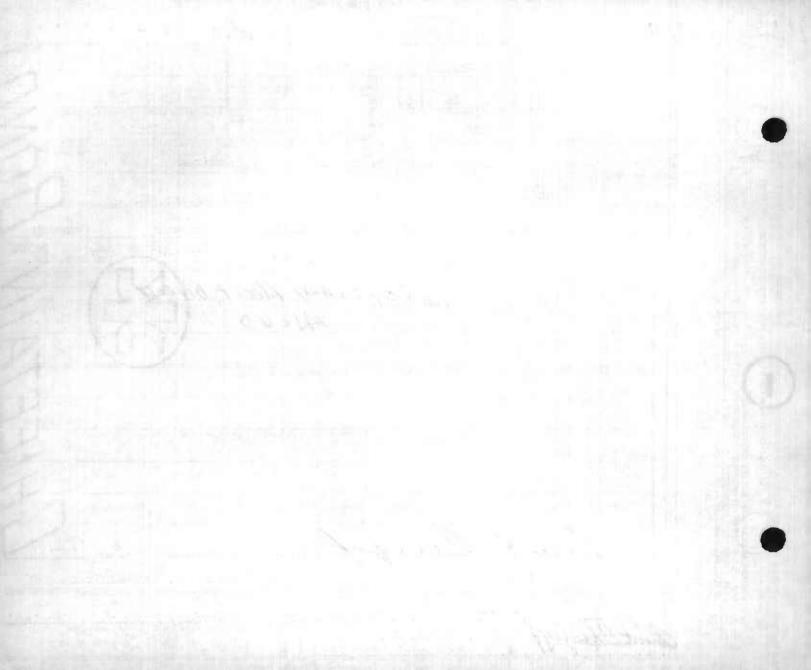


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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED NAME 20. DATE KNOWN TE MONTH (TYPE OR PRINT) OF ESTI-45 DEATH MATED 1/11 10 87 6 p M 2d. HOUR 730 7a M Paul Joseph Weller IF UNDER TYR. 3 SEX DATE OF BIRTH IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED 1987 1/12 W 26 60 DEAD 7b. CITIZEN OF WHAT COUNTRY? BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X3 Maryland USA Harford WIDOWED [DIVORCED III CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Harford Memorial Hospital FOR MOST OF WORKING LIFE)

Retired OR INDUSTRY Havre de Grace USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13¢ CITY OR TOWN 3a STATE 136 COUNTY T3d. INSIDE CITY LIMITS? 13e STREET ADDRESS MD Ceci1 Rising Sun NO X 1574 Colora Rd 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE William Weller, Jr. John Lillian Frances Kennedy 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Papaya Lane 327 Winter Springs, Fla. 32708 (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes Mrs. Dorothy Owens 215 22 7550 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF 141000 Conditions, if ony, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to MUD BE USED A TYMENT OF HE R TO BURIAL 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO [71g EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.I STREET CITY OR TOWN STATE WHILE AT WORK AT WORK COUNTY X 220 I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Natural causes X death resulted fram: Accident Suicide Homicide Undetermined manner TLE (SPECIFY) ACTUAL 1/12/87 PAGE 4 SHOU TO FUNERAL O AFTER DEATH, BALTIMORE IN EXAMINER'S NAME Luis E. Renjel, MD 464 Alliance St. HavreDeGrace, MD (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial $\nu/15/87$ Mt. Olivet Cemetery 07/B4 BP Frederick, Frederick. Maruland 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 1201 ADN LESS Market St. **DHMH - 17** dia Divideon Fannach (VR A15 ME (5)) Son. Frederick, Maruland



(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN D WALTER Wonfeeld OF DEATH MATED 3 SEX IF UNDER 1 YR. IE UNDER 24 HRS DATE 24 HOUR LAST BIRTHDAY PRONOUNCED DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR MARRIED NEVER MARRIED DIVORCED WIDOWED 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 13d INSIDE CITY LIMITS? plonet 4 FATHER'S NAME MIDDLE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO, OR BUKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (D). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES | NO [210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 210 PLACE OF INJURY (AT HOME 21f. LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY NOT WHILE AT WORK AT WORK PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 2 22a. I certify that I taak charge of the remains described above, held an Autopsy and in my opinion death resulted fram: Natural couses Homicide Undetermined manner TITLE (SPECIFY) (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 07/84 25M 24 FUNERAL DIRECTOR BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1 DECEASED NAME LAST 2n. DATE OF DEATH (TYPE OR PRINT) February H . Stella Woodmancy 3. SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) MONTH 1894 Female White Oct. BIRTHPLACE STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Poland U.S.A. Harford County WIDOWEDY DIVORCED [1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH 12n USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Residence: 1331 Kee Wee Road Havre de Grace Housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 1331 Kee Wee Road Maryland Harford Havre de Grace YES TX 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST Mary Joseph Uminki ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN HE YES GIVE WAR OR DATES No 213-74-1894 Edward J. Rozek, Sr. Havre de Grace, Md. 18 CAUSE OF DEATH (Enter only one couse per luct for (a), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OF Conditions, if onv. which gove rise to immediate couse io, stoting the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITION RELATED TO THE TERMINAL DISEASE OR CONTINUE GIVEN IN PART 110 NO CERTIFICAT 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? NOXX 71n ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN CYDEET AT HOME STREET FACTORY, OFFICE FARM ETC 1 WHILE NOT WHILE 270.1 certify that (1) (this hospital pitended the deceased from, obove, (I) (we Halid Lidled of lyew the body ofter death 22b. SIGNATURE DEGREE ATTENDING STAFF PHYSICIAN 226. PHYSICIAN'S THE COMPANY 22e ADDRESS

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 1 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART) OR PART 2) STATE and that in (my) (our) apinies awath occurred on the date and hour and from the causes stated 22LPSE SIGN DIRECTOR PHYSICIAN MPORTANT ld b 3 = 230 BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23b DATE Burial Feb. 1987 Mt. Erin Cemeterv Harford Havre de Grace Md. 250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Patterson & Son, Perryville, Maryland (VRA 15. 4)

STATE OF MARYLAND

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